MANCHESTER-BEDFORD MYOSKELETAL
A New Hampshire Limited Liability Company

Tel. (603) 622-1112
Fax. (888) 965-6870

# VETERAN SINGLE VISIT SELF-PAY AGREEMENT

I, _____, have requested Manchester-Bedford Myoskeletal LLC (MBM) to provide me clinical massage therapy services as a Single Visit Self-Pay patient only, which I understand may include Myoskeletal Therapy assessment and treatment, Remedial Massage Therapy, Clinical Massage Therapy, Massage Therapy, corrective exercise, retail products, or any other service they provide.

I understand that I am responsible for all of Provider's charges and fees including charges for missed appointments and no-shows, and that my insurance and the Veterans Administration is not billed or held responsible for any part of Self-Pay service charges.

I understand that MBM clinic notes will not be submitted on my behalf to my VA physician unless I direct MBM to do so in writing or direct my physician to request them. I also understand that my physician's records are not available to MBM unless I direct my physician to forward them or request MBM to obtain my records from my physician.

| _____ | _____ | _____ |
|---|---|---|
| Print Name | Signature | Dated |

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