



Payment Policy

Payments are made in full upon services rendered. Payments in the form of cash and personal checks are accepted. Checks are made payable to **Myofascial Release of Southern Illinois, LLC**. There will be a \$20.00 service charge for all returned checks.

Myofascial Release of Southern Illinois is privately owned and operated. We are in-network providers for: HealthLink, Health Alliance, Medicare, Blue Cross Blue Shield, and Aetna. We are also able to bill other insurance after pre-authorization.

In individual cases, treatment receipts may qualify for submission towards Flexible Spending and Health Savings Accounts. Also, receipts can be submitted for out-of-pocket health care expenses through tax deduction.

I have read this policy and understand my responsibility to pay in full for treatment at the time of service.

Patient Name: _____

Date: _____

Signature: _____