



CLINICAL MASSAGE THERAPY

Acute and Chronic Pain Management

Clinicalmassagerocklin.com

P: 916.259.2510

E: Admin@cmtca.org

Acute Treatment Package Agreement

The following contains the terms of a Package agreement between Clinical Massage Therapy and (Member Name) _____ Date: _____

1. This package consists of a one-time payment at the rate of \$357.
2. A member may use treatments in full 60-minute increments only.
3. A member must use the 3 treatments purchased before may purchase additional Treatments.
4. Add-Ons may be provided at no additional charge. Add-Ons include:
 - a. Hot Stones
 - b. Heat Therapy
 - c. Cold Stones
 - d. Cold Therapy
 - e. Aromatherapy
 - f. Prossage®
 - g. Biofreeze®
 - h. Hand, foot, face, or scalp massage
5. Package is valid at all current or future locations.
6. Clients are required to notify Clinical Massage Therapy of any changes in address, email, or phone number. Members may do so by phone or by emailing admin@cmtca.org

7. All clients under 18 years of age must have written parental consent for Treatment to be provided. All clients under 13 years of age must be accompanied by a parent or guardian on location during Treatment.
8. Clients are asked to arrive 10 minutes before your scheduled appointment time to prepare for a full Treatment.
9. Clinical Massage Therapy reserves the right to change clinic rules, regulations, and pricing at any time upon providing reasonable notice.
10. You may cancel your appointment without charge with a 24-hour notice preceding your scheduled Treatment.
11. Same day cancellations will incur a late cancellation fee \$40 charged to the card on file
12. If you do not call to cancel or do not arrive for your scheduled appointment, you will forfeit a prepaid Treatment, if available, or be charged at the full cost of the Treatment rate of \$144.
13. Packages are non-transferable
14. Insurance billing services are not included with this Package. Should a client obtain verification of coverage for medical massage, Clinical Massage Therapy will pause or cancel the Package depending on a client's individual circumstances.
15. All clients agree to follow clinic rules and regulations including Treatment terms & conditions and accept the Clinical Massage Therapy has the right to refuse or discontinue Package to any member for any reason.

Name: _____ Date: _____

Signature: _____

Clinical Massage Therapy Representative Name: _____

Signature: _____