

Use of the AquaMED Dry Hydrotherapy Tables

I, _____(Print Name) agree to the following terms when I use the AquaMed Table:

1. To make the staff/doctor at Back to Health Family Chiropractic aware of any changes in my health that may affect the usage of the bed.
2. To arrive for my appointment 5 minutes early. I understand that if I am late, the time will be taken off the therapy time.
3. If I do not give 24 hours notice, I will be charged a \$10 no-show fee.
4. I agree to show up free of body oils/sprays that may inhibit the use of the machine for future guests.
5. I agree to spray the bed down after usage for cleanliness of all guests.
6. I agree to let the staff know immediately of any trouble with the therapy table
7. I agree to pay a charge of \$25 for a 15 minute therapy session. This allows for a total of 5 minutes to get on and off the table.
8. If I choose to buy 4 session for \$100 at one time, I will be given a free therapy session at the end of 4 session. If I decide to not use all 4 sessions, I will be refunded the difference at \$25 a session for the remainder visit not including the free visit. I further agree to allow the doctor or her representatives to keep a punch card on site. If I choose to take the punch card with me and lose the card, all remainder visits will be null and void. I also agree that it is my responsibility that my card be punch by a representative at Back to Health Family Chiropractic. If I take the punch card with me, I give the representative at Back to Health Family Chiropractic permission to examine the punch according to my payments.
9. I may transfer any remainder sessions to another person with written permission from me.
10. I understand that the use of the bed will not be billed to my insurance and thus is my sole responsibility and payment will be expected at time of service.
11. Should I need help to get on and off the bed, I agree to make the staff at Back to Health aware of this possibility when I sign in.
12. At the appointment time, I agree to make the staff at Back to Health aware that I am ready. If I fail to do so, I agree to forfeit any or all time on the therapy bed. If it happens that you miss your entire appointment, you will be charged \$10.
13. All charges for the therapy bed will be paid in full at time of service. No other appointments for the bed will be paid unless your account is paid in full.
14. Should I have any adverse health problems after using the bed, I agree to let the doctor or her staff at Back to Health know immediately or before I leave the clinic.
15. I agree to use the bed at my own risk. Not responsible for any lost/stolen articles.

Signed: _____

Date: _____

Witness: _____

Date: _____