Client Intake and Contact

Client form | Complete before your first session

Full legal name / preferred name / date of birth

Phone / email / preferred appointment contact method

Home address / mobile session address if different

Emergency contact / relationship / phone

Parent or authorized representative name / relationship / authority, if applicable

Primary clinician / phone / current rehabilitation providers

Attorney or firm / phone, if applicable; listing them does not authorize disclosure

Your main concern and what you want to do more comfortably

Accessibility, positioning, communication or support needs

For clients under 18, our policy requires an accompanying adult and consent from a parent, guardian or other legally authorized person. The therapist will verify authority and seek the client's cooperation.

Incident and Symptom History

Client form | Record what you know; do not guess

Client full name / client ID / date

Incident date / type / brief account in your own words

When symptoms started / body areas affected / right or left side

Medical evaluation dates / clinician or facility / tests and results as explained to you

Diagnoses or restrictions given by your clinician / source / date

Prior symptoms, injuries or surgeries involving these areas

Current symptoms and what makes them better or worse

Current care, next medical appointment and any pending evaluation

Information here is your report, not a therapist determination of fault or cause. Bring relevant restrictions or records if available. Do not delay medical care to attend a massage appointment.

Health Screening and Baseline

Client form | Update the therapist whenever your health changes

Client full name / client ID / date

List relevant conditions, medications and allergies, including blood thinners, easy bruising, clot history, fractures, osteoporosis, recent surgery, pregnancy, cancer treatment, skin wounds/infection, reduced sensation, diabetes or heart conditions. Write none if none apply.

Conditions / dates / medication names / allergies and reactions

Any new weakness, numbness, dizziness, severe headache, fever or unexplained swelling?

Other precautions or clinician advice / areas to avoid

Pain now / best / worst in last 24 hours: 0 = no pain, 10 = worst imaginable

Choose three everyday activities to track. Rate difficulty: 0 = no difficulty; 10 = unable. This is a simple practice tracking scale, not the NDI or another validated disability test.

Activity 1 / difficulty 0-10 / usual amount or time tolerated

Activity 2 / difficulty 0-10 / usual amount or time tolerated

Activity 3 / difficulty 0-10 / usual amount or time tolerated

Consent to Massage and Stretching

Client form | Read and sign before treatment

Client full name / client ID / date

Massage uses touch, pressure and movement of soft tissue; assisted stretching uses guided movement within your comfort and available range. Possible benefits include temporary relief of muscle discomfort and improved comfort with movement. Results vary and are not guaranteed.

Possible effects include temporary soreness, tenderness, bruising, lightheadedness, skin reactions, or symptom aggravation. Injury is possible, especially when health conditions or restrictions are not known. Alternatives include modifying or declining the session and consulting another qualified provider.

Massage does not replace medical assessment or treatment. Your therapist does not diagnose injury, prescribe medication or determine legal causation. We will discuss the plan, explain techniques and answer your questions before proceeding.

You choose your level of undress and may remain clothed. Draping protects your privacy; only the area being treated is exposed. No sexual services or genital/breast massage are provided. Tell us which areas you want excluded. You may refuse any technique or stop the session at any time.

Areas to avoid / draping or positioning preferences / questions answered

- [ ] I consent to massage after discussing the plan and my health information
- [ ] I also consent to assisted stretching when discussed and comfortable (optional)

Heat, tools, abdominal or gluteal work require discussion and specific permission before use; document that permission in the session record. This form does not waive your legal rights or excuse negligent care.

Client or authorized representative signature / date

If representative: printed name / authority; therapist signature / date

Package Selection and Payment

Client agreement | Select one package

Client full name / client ID / date

- [ ] Crash Recovery Pack - 3 visits: $525 (mobile)
- [ ] Extended Care Pack - 6 visits: $990 (mobile)
- [ ] Single session - 1 visit: $185 (mobile)

Setting: home, hotel or other address

Selected base price

Agreed appointment minutes

Hands-on minutes included

Planned frequency

First appointment / expected course dates / actual service address

Disclosed travel or other fees and basis

Total agreed price

Payment is due at booking. You pay directly regardless of any claim or settlement. Majestic does not submit insurance claims, accept liens or letters of protection, or require your attorney to pay. Reimbursement is not guaranteed. You receive receipts and the applicable summaries; sharing with an attorney requires appropriate authorization.

Hotel parking/valet is paid by the guest. Any mileage outside metro Atlanta must be quoted before booking. Treatment is tailored to your needs and may be modified, stopped or referred for medical assessment; purchasing visits does not guarantee that every planned visit will be clinically appropriate.

Payment date / amount / method / receipt number; do not record full card numbers

Read the package terms on the next page. Complete both pages together; neither page alone is the full agreement.

Client printed name / initials / date

Package Terms and Signatures

Client agreement continued | Retain with the completed selection page

Client full name / client ID / date

Scheduling and cancellation

Visits are by appointment and subject to therapist and location availability. Contact 470-656-0854 promptly to reschedule. This agreement does not impose an automatic cancellation or no-show charge. Any separate charge must be stated in a policy provided and accepted before booking. No visit is counted as treatment unless treatment actually occurred.

Unused visits and early closure

You may stop the package at any time. Unused visits have no automatic expiration under this agreement. On cancellation of the package, unused prepaid visits are refunded at the price paid per visit, without repricing completed visits at the single-session rate. Refunds are initiated within 10 business days after the refund amount is confirmed; payment-provider processing time may vary.

For full-price packages, each unused visit equals $175 for the three-visit pack or $165 for the six-visit pack. A paid single visit that is not delivered is refundable. Separately agreed charges are itemized; undisclosed penalties are not deducted. The same unused-visit method applies if Majestic ends care or cannot provide it.

Records and your choices

An initial summary is prepared within 24 hours of visit one. A visit-three checkpoint and a final summary are prepared when applicable. Reports describe massage observations, client reports and actual services; they are not diagnoses, prognoses or guarantees about settlement value. You may decline attorney disclosure without losing access to massage.

Separate cancellation policy attached, if any: title / version / agreed charge; write none

Client or authorized representative signature / date

Representative name and authority, if applicable

Practice representative signature / date; copy provided to client on

Authorization to Release Records

Standalone optional authorization | Sign separately from treatment consent

Client full name / date of birth

Person or organization authorized to disclose / address

Specific recipient / firm or provider / verified delivery address

Records to disclose and dates of service covered (be specific)

Purpose: e.g., at my request for claim review or care coordination

Expiration date or event related to this disclosure (required)

I authorize only the disclosure described above. I may revoke this authorization in writing by delivering my request to the disclosing party at the contact below. Revocation does not undo actions already taken in reliance on this authorization.

Disclosing party contact and address for written revocation (required)

Signing is voluntary. Treatment and payment terms are not conditioned on signing. A recipient may redisclose information, and federal HIPAA protections may no longer apply. I may receive a copy of this signed authorization. This does not authorize release of separately protected records that require additional consent.

Client or personal representative signature / date

Representative printed name / description of legal authority, if applicable

Give the client a copy. Use a separate authorization for each disclosure direction or different recipient. Complete all required fields before relying on this authorization.

Good Faith Estimate of Charges

Client copy | Page 1 of 2 | Give both estimate pages together

Client full name / date of birth / estimate ID / issue date

Majestic legal entity / treating provider / phone 470-656-0854 / mailing address

Provider NPI if assigned / tax ID / Georgia license / service location and state

Primary service / scheduled dates or recurring frequency and date range

Services: targeted massage and appropriate assisted movement. Provider prepares session documentation and applicable summaries. Client-selected package: 3 visits $525; 6 visits $990; single visit $185. All sessions are mobile. Enter only the chosen option below.

Item and expected service code	Quantity	Unit charge	Total

Additional item or travel charge / code	Quantity	Unit charge	Total

Applicable diagnosis/code from authorized diagnosing provider / source, or not established

Do not invent a diagnosis, identifier or billing code. Complete applicable codes and identifiers accurately before issuing the estimate. No insurance claim is submitted by Majestic.

Total expected charges	Prepared by	Estimate provided date

Separate estimates are available upon request or scheduling for separately scheduled care. Contact each provider directly for its estimate; its codes, identifiers and charges will appear there rather than in this estimate.

Separately scheduled services anticipated / provider contact, or none

Keep the following estimate notice with this page. This estimate is separate from your signed package agreement.

Estimate Notice and Your Rights

Client name / estimate ID / date

This estimate lists services and charges reasonably anticipated when it was prepared. Actual needs or charges may differ. Additional services may be recommended and scheduled separately; those services are not included unless listed. Majestic will explain changes before you agree to additional services.

This estimate is not a contract. It does not require you to obtain services from Majestic or any other listed provider. Keep a copy so you can compare it with your bills.

Questions about a bill

If a provider bills you at least $400 more than its good faith estimate, you may qualify for the federal patient-provider dispute process. Starting that process will not reduce the quality of your care. For eligibility, deadlines and instructions, visit the CMS page below or call the No Surprises Help Desk at 1-800-985-3059. You may also contact Majestic at 470-656-0854 to discuss the charge.

www.cms.gov/medical-bill-rights/help/dispute-a-bill

Receiving the estimate

You may request a written estimate before scheduling. For covered self-pay care scheduled 3-9 business days ahead, the estimate is due within one business day after scheduling; for 10 or more business days, within three business days. An estimate requested before scheduling is due within three business days. Keep the estimate in a format you can save and print.

Preferred delivery: paper or secure electronic delivery / address

Practice contact for questions / date copy provided

No signature is required to exercise your estimate or dispute rights. This notice is not an authorization to disclose records and does not waive your rights.