

Direct Billing for Blue Cross and ASEBP



Please print clearly.

First and Last Name
Alberta Blue Cross ID
Group Number
Date of Birth

I authorize Muscle Matters to direct bill my insurance company for my massage therapy treatments. I also understand that if for any reason my insurance company refuses payment, I am required to pay for these treatments. I recognize that the clinic's cancellation policy will not be waived due to insufficient benefits.

Signature

Date