

Corporate Chair Massage Clinic



Office: 1-800-764-0418

KMM provides corporate chair massage clinics as a **company-paid program**. **NO INSURANCE FILING / USAGE**. A **2-hour minimum** guarantee is required **PER** Massage Therapist scheduled. Can be scheduled with a Health & Wellness Fair or separately.

Please answer below questions:

Male Preferred Female Preferred No Preference # of Massage Therapist Requesting: _____

__ 4-hours Corporate Chair Massages per Massage Therapist Request (\$85 per MT per hour)

__ 3-hours Corporate Chair Massages per Massage Therapist Request (\$90 per MT per hour)

__ 2-hours Corporate Chair Massages per Massage Therapist Request (\$95 per MT per hour)

Scheduling

Requesting Date (Please include DAY) / & Time Frame: _____

Address Where Corporate Chair Massage will be held at: _____

Location: (For example: Cafeteria, Gym, Break Room): _____

Billing Address & Responsible Party: (Please print)

Name of Company: _____

Contact Person: _____ Title: _____

Billing Address: _____ Zip: _____

Phone: _____ ext: _____ Fax: _____

Email Address: _____

I am authorizing Kaiser Medical Management to provide _____ *Company Name* _____ a Corporate Chair Massage Clinic for its' employees / members and have reviewed and understand cost. I understand that all employees will have to sign a release waiver showing they are requesting to have a chair massage and that the Company, KMM, nor MT is responsible for any liability. KMM will invoice for payment prior to scheduled date. I understand payment is due upon receipt via KMM's on-line payment site. I understand no additional discounts apply.

Authorized Signature Approving Corporate Chair Massage Clinic: _____

Authorized Person's Name in Print: _____

Date: _____

Corporate Chair Massage Clinic

45-Day Notice Required / 60-Day Notice Required September—November

FAX TO 1-888-688-4176

www.kaisermedicalmanagement.com

You will be notified by email that we received fax.