

OFFICE POLICIES

APPOINTMENTS:

Please arrive on time for your appointments. The doctor does his best to stay on schedule and he needs your cooperation to do so. Once a treatment plan is set, do not alter from the program as it is designed for optimal results. If you are unable to keep an appointment for any reason, make sure you reschedule to maintain the frequency of care that is needed to improve your condition.

CANCELLATION/NO SHOW POLICY:

This policy is to assure patients have access to care when needed and to avoid the great expense to our office due to late cancellations and no shows. This policy will help keep our costs down. We take your time very seriously and are committed to serving you with the highest level of care. 24 hours notice is required to change or cancel an appointment. We understand things can come up. If you need to reschedule or cancel your appointment with us please give us as much notice as you can so we can give your spot to someone else that is waiting for help.

If you call with less than 24 hours notice or if you don't call at all, we reserve the right to bill you for the time we saved for you. The Cancellation/No Show Fee is \$25 for chiropractic treatment visits and \$50 for chiropractic examinations, new patient visits, nutritional consults and massage visits. We understand there are unpredictable situations that cannot be helped so please contact us to explain your unique situation.

CELL PHONE POLICY:

Please turn off your cell phone while you are in the office as a courtesy to the doctor, staff and other patients.

CLOTHING AND JEWELRY:

We can work around any clothing. Loose fitting clothes are the best to work with. You may want to bring shorts and a loose fitting shirt to change into if desired. It is recommended necklaces be removed before treatment. If wrists or ankles are being treated, then bracelets and anklets should be removed.

IDENTIFICATION:

At your first appointment, we will make a copy of your picture ID. If you have health insurance, we will make a copy of your health insurance card.

I have read and understand the above Office Policies. As an active patient of Yeager Chiropractic and Wellness Center, I will adhere to these policies.

Signature or Initials _____