

POSTURE PERFECT CHIROPRACTIC, P.C.

405 Northfield Ave
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Dr. Carmine Allonardo

To Our New Patients

We wish to welcome you to our office. We feel that mutual understanding and cooperation are a prerequisite to a successful experience in our office. Therefore, We would like you to be aware of the following:

1. **Our primary concerns are your health and our reputation.** Therefore, we accept only those patients we feel we can help. If we feel that we are unable to take care of your condition, we will immediately refer to the appropriate health care professional.
2. **Your only purpose for being here is to regain your health;** our only purpose is to help you so do. We employ the most modern techniques that are continually improved and augmented by continuing education.
3. We recognize the value of time; yours and ours. We give everyone the time they require. **If you must cancel your appointment, please allow 24 hours in advance so we can utilize that appointment for another patient. THERE WILL BE A \$25.00 CHARGE FOR ALL MISSED APPOINTMENTS.**
4. It is emphasized that your insurance contract is with you, not with this office. Therefore, you need to assign benefits to this office so payment is directed to this office and your only responsibility is co-pay and/ or deductible.
5. As a courtesy, we will complete your insurance forms, explain your benefit limits to you, and help you recover to the limits of your policy.
6. **Please follow your recommended treatment schedule. It is the single most important key to regaining your health. Hit and miss treatment yields hit and miss results.**
7. **There are many people who need chiropractic care but unfortunately they are unaware of its benefits. Please help them by referring them to our office.**
8. **It is my responsibility to serve you in the best possible way, so if I've helped you, tell others; if I haven't, please tell me.**

Signature: _____ Date: _____