

## Office Policy

**I believe that a clear definition of my office policies will allow all of me to concentrate on the real issue at hand...regaining and maintaining your health through natural Chiropractic care.**

### Appointment policy

Multiple appointments will be scheduled for your convenience, to minimize waiting, and to help you adhere to your recommended care plan. Remember that the frequency of care is important to your recovery. I attempt to honor all appointments at the scheduled time. If you are late or early you may have to wait for the next available appointment.

### Missed Appointments

In order to keep your progress on schedule, missed or forgotten appointments need to be made up within 48 hours if at all possible. Missed appointments or those cancelled without at least 24 hours notice are an inconvenience not only to me, but also for other practice members who may have wanted your appointment time. If you have an appointment with Valley Birthplace that is cancelled or rescheduled, you are still expected to keep your appointment with me. Our schedules are completely independent of each other.

In the future, missed appointments or those cancelled or rescheduled w/o sufficient notice will be handled as follows:

- 1<sup>st</sup> appointment...**I understand, anyone can forget.
- 2<sup>nd</sup> appointment...**50 % of my standard fee will apply.
- 3<sup>rd</sup> appointment...**My standard fee will apply.
- 4<sup>th</sup> appointment...**I won't make any more appointments for you.

I understand that emergencies do arise and you may not be able to give me enough notice. Of course, exceptions can be made in those instances.

### Financial Policy

It is your payment that allows me to continue providing high levels of professional care, maintain my facility and pay any staff. If for any reason you cannot keep your financial agreement, inform me immediately to eliminate any misunderstandings. If you have the desire to receive care in my office, I will make every attempt to make affordable arrangements.

1. All services rendered in this office are charged directly to you, the patient. Any payment made by your insurance company will either be reimbursed to you or credited to your account.
1. I will gladly give you a super bill to submit to your insurance company so you can be reimbursed directly and quickly.
1. All payments are due at the time of service.
1. Patient balances are not to exceed \$70 at any time. Payment arrangements can be made to assist you.

### Encouragement

Remember that healing & spinal correction takes time. If any time during your care you do not feel that you're responding as you expected, please let me know immediately. I want you to get the most from your Chiropractic care!

I have read & understand the above policies and agree to abide by them.

Patient's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_