

Policies for Patients

To help you receive the greatest benefit from your care, all patients are accepted for care based on the following policies:

- X-RAYS- In an effort to provide you with the highest quality health care, a board-certified radiologist from Specialized Radiology Consultants (SRC) reads x-rays taken at the clinic. This is a separate charge from any clinic charges for examination and taking of the x-rays. If you have insurance it will be billed by SRC and any balances are your responsibility.
- FINANCIAL AGREEMENTS- It is your payment that allows us to continue providing high levels of professional care, maintain our facility and pay our staff. If for any reason you can't keep your financial agreement, inform us immediately to eliminate any misunderstandings. We will make every attempt to make affordable arrangements.
- BROKEN APPOINTMENTS- In order to keep your progress on schedule, broken appointments must be made up within 24 hours. If you repeatedly miss or reschedule appointments, we will regretfully have to discharge you from care.
- MASSAGE THERAPY- This is a 30 minute adjunctive procedure that may be recommended by the doctor and implemented by a certified massage therapist on staff. The therapy is scheduled so if you are running late you will receive the remaining portion of your time. In the event you break your appointment and fail to notify the clinic **2 hours** prior to your appointment time, a **\$20.00 fee** is charged with payment to the therapist.
- INTERRUPTION OF CARE- In the event that it is necessary to discontinue your care for any reason, any outstanding fees for services including co-payments and deductibles already rendered become immediately due and payable.
- REMEMBER- that healing and spinal correction takes time. If at any time during your care you do not feel that you are not responding as well as you expected, please schedule a consultation with the doctor. We want you to get the most from your chiropractic care.
- REFERRALS- Our practice is built upon "word of mouth" referrals from our satisfied patients. We thank you in advance for sharing us with others.

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

Today's Date

Patient's Signature

Witness