RIGHTSPINE

OFFICE POLICIES

WELCOME TO OUR PRACTICE! WE AS AN OFFICE ARE PLEASED THAT YOU HAVE CHOSEN OUR OFFICE TO DELIVER YOUR HEALTHCARE NEEDS. IN ORDER THAT WE MAY SERVE YOU BETTER, PLEASE REVIEW THE FOLLOWING INFORMATION ABOUT OUR PRACTICE, OUR RULES AND REGULATIONS.

1. ADHERING TO YOUR TREATMENT PROGRAM

ALTHOUGH NO ONE CAN GUARANTEE RESULTS, YOU HAVE A BETTER CHANCE OF ACHIEVING THE BEST RESULTS IF YOU FOLLOW THE DOCTOR'S PRESCRIPTION OF CARE. WE EXPECT THAT IF YOU CANCEL AN APPOINTMENT, THAT YOU MAKE IT UP THAT SAME WEEK. (_____) REMEMBERING YOUR TREATMENT TIME AND BEING ON-TIME IS IMPORTANT, NOT JUST FOR US, BUT FOR THE OTHER PATIENTS. NO ONE LIKES TO SPEND EXTRA TIME IN THE WAITING ROOM, AND THE BIGGEST CAUSE OF DELAYS DURING THE COURSE OF A DAY ARE PATIENTS WHO ARRIVE LATE.

2. CANCELLATIONS AND NO-SHOWS

A CANCELLED APPOINTMENT IS ONE THAT IS CHANGED MORE THAN 24 HOURS IN ADVANCE. **IF YOU DO NOT GIVE US 24 HOURS NOTICE, THE CHANCES OF FILLING YOUR RESERVED APPOINTMENT IS MINIMAL. WE WILL CHARGE YOU FOR ALL LATE CANCELLATIONS AND DISCHARGE YOU FROM THE PRACTICE IF YOU REPEATEDLY VIOLATE THIS POLICY.** (_____) IF YOU FAIL TO SHOW UP FOR AN APPOINTMENT AND DO NOT CALL THE OFFICE YOU WILL BE CHARGED (NO EXCEPTIONS ARE MADE) A $25.00 FEE. (_____)

3. SUPPLIES AND SUPPLEMENTS

DURING THE COURSE OF YOUR TREATMENT IT MAY BE NECESSARY TO SUPPLY YOU WITH A SUPPORT (CERVICAL PILLOW, LUMBAR SUPPORT, SPECIAL CHAIRS ETC.) WE DO NOT BILL INSURANCE FOR THESE ITEMS AND THEY MUST BE PAID FOR AT THE TIME YOU RECEIVE THEM (OR IN CASE OF A SPECIAL ORDER, AT THE TIME YOU PLACE THE ORDER). (_____)

4. MEDICAL RECORDS

IF AT SOME POINT YOU WOULD LIKE COPIES OF YOUR MEDICAL RECORDS, X-RAYS OR MRI'S, OR NEED A LETTER FROM OUR OFFICE, KINDLY ALLOW US 48 HOURS NOTICE. (_____)

5. CO-PAYS, CO-INSURANCE AND PRIVATE PAY

CO-PAYMENTS MUST BE PAID AT THE TIME OF THE VISIT. IF NOT, AN ADMINISTRATION FEE OF $15.00 WILL BE ADDED TO YOUR BILL FOR THAT DAY (_____). FOR THOSE WHO DO NOT HAVE INSURANCE, YOU MAY PRE-PAY FOR YOUR TREATMENT AND RECEIVE A "TIME OF SERVICE" DISCOUNT. SINCE THERE IS NO BILLING INVOLVED THE HEALTHCARE FINANCING ADMINISTRATION ALLOWS US TO REDUCE THE FEES. IF YOU PRE-PAY FOR ALL OF YOUR RECOMMENDED TREATMENT, YOU WILL RECEIVE A 10% REDUCTION IN THE TOTAL. IF YOU MAKE 2 PAYMENTS FOR YOUR TREATMENT, YOU WILL RECEIVE A 5% REDUCTION IN THE TOTAL.

I HAVE READ THE INFORMATION ABOVE, AND BY AFFIXING MY INITIALS, INDICATE MY WILLINGNESS TO COMPLY WITH THESES POLICIES AND PROCEDURES: _____ DATE: _____