

## **OFFICE POLICY**

WE BELIEVE THAT A CLEAR DEFINITION OF OUR OFFICE POLICY WILL ALLOW YOU, THE PATIENT, AND US, THE OFFICE, TO CONCENTRATE ON THE BIG ISSUE: REGAINING AND MAINTAINING YOUR HEALTH!

### **Financial Policy:**

*It is our policy that all services rendered at this office are charged directly to you, the patient, and that you are personally responsible for all your payments, regardless of whether or not this office accepts insurance assignments.*

\_\_\_ All payments are expected at the time of service or Friday of each week. Patient balances MUST NOT exceed \$150.00 at any time. Patients with insurance assignment MUST PAY their deductible and co - insurance in full at the time of service.

\_\_\_ Patients who do not have insurance coverage for our services MUST PAY at the time of service by cash, check or credit card. All fees for services rendered should be paid at the end of each office visit or before the next appointment is made.

\_\_\_ Returned checks and balances over 30 days MAY BE subject to additional collection fees and interest of up to 1.5% per month.

\_\_\_ If your problem is the result of an auto accident, we will be glad to directly bill all charges when your policy provides proof for direct payment to the doctor. You MUST present auto insurance information, accident report, and major medical policy information prior to the beginning of our direct billing.

\_\_\_ If your health problem is a result of a work- related injury, please speak with the front desk assistant prior to consultation with the doctor. State law is specific on how we must bill our charges.

### **Appointment Policy:**

*When entering the office on any given visit go directly to the front desk and sign in. We attempt to honor all scheduled appointments at their given time. If you are late, you may have to wait for the next available appointment.*

\_\_\_ Multiple appointments may be scheduled for your convenience to minimize waiting and to facilitate incorporating these appointments into your daily routine.

\_\_\_ Regardless of how many appointments are scheduled for each week, please note that it is the frequency of the visits that count not the days.

\_\_\_ If you are unable to keep your appointment for any reason, we require you call immediately to reschedule your visit. It is your obligation to make up any missed appointments within 7 days of any cancellation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date