

Patient-Doctor Agreements

Communication

We are here to serve you. Please speak with us about any concerns that may arise at any time. By communicating how you are experiencing care in our office, you enable us to provide you with the best possible service.

_____ Patient's Initials

Missing or Changing Appointments

The doctor assigns a specific course of treatment for each patient. In order for patients to receive the maximum benefit from chiropractic care; it is important to adhere to this schedule. Therefore, if the patient misses or cancels an appointment, it is important to make up that missed appointment within the next few days. Twenty-four hour notice is required for changes and cancellations. If an appointment is missed, the patient will be charged a \$50 fee for each 30 minutes scheduled.

_____ Patient's Initials

Payment of Bills

Payment for services is due on the day they are rendered unless a prior agreement has been made. Costs for nutritional supplements and therapeutic products such as lumbar supports, moist heat packs, elbow braces, etc. are due once those products are in the patient's possession.

_____ Patient's Initials

Any balance that is left unpaid for over 30 days is subject to a \$10 dollar late fee. This late fee will be applied to any unpaid account every month until balance is paid in full.

_____ Patient's Initials

The Nature of Chiropractic

Chiro means "hands," so chiropractic is the art of healing with the hands. This means that the doctor may palpate and adjust all areas of the spine, from the neck to the sacrum, as well as other joints of the body (every joint in the body can be adjusted). Also, some of our therapeutic modalities, such as massage, myofascial release and interferential involve placing of the hands or equipment on the body. Because everyone has his/her own comfort level with his/her body and with being touched, please keep an open communication with us regarding your own comfort level. Also, there are many ways to adjust the joints and to apply therapeutic modalities. With your feedback, we can find the technique and modalities with which you are most comfortable.

_____ Patient's Initials

I agree to the above.

Patient Signature

Date

Office Staff (Initials)