



Office Policies

The following steps have been designed to minimize waiting and to increase your comfort while in the office.

1. To hold your preferred treatment time, we request that all appointments be made 4 weeks in advance whenever possible.
2. Your results are obtained based on the number of visits per week, not per month. Therefore it is vital you hold to your schedule. If an emergency arises, please notify us as soon as possible. A make-up appointment will be assigned and reserved for you within the same week, so that you will know in advance when to make up a missed appointment.
3. Our office has a **48-hour cancellation policy**, which is strictly enforced. Calling on Friday to cancel or reschedule an appointment for Monday is not a sufficient notification. If you fail to contact us within 48 business hours prior to your appointment time, you will be charged a \$65 cancellation fee, which will be donated to the Leukemia Society.
4. We accept checks, cash, VISA and Master Card. You may pay by the week, month, or year. Paying each visit will force you to write unnecessary checks and cause delays.
5. I _____ authorize Chiro-Health to keep my signature on file and to charge my VISA / MC _____ Exp. Date _____, CVC code _____ for payment of fees for late cancellations and no-shows and for balances of charges not paid by health insurance within 60 days.

We appreciate your support and look forward to helping you achieve your health care goals.

Doctor's signature

Patient's signature

Date: _____