Office Policies

- It is the patient's responsibility to let the front desk know of any changes in insurance coverage. Failure to do so may result in the patient being responsible for any and all charges.

- For the consideration of others we ask that all patients silence their cell phones while in the waiting room and treatment rooms for the duration of their time in the office. We also ask that patients are considerate of others by keeping noise and loud talking to a minimum while in open treatment areas in the office.

- For a new injury and/or for patients who have not been in the office for 3 or more months, a re-examination may be necessary, for billing to insurance/3rd party's this is necessary to comply with standards of care and coverage.

- We ask that patients call as soon as possible to alert our office of any appointment schedule changes. A $20 fee will be charged for missed appointments without a 24 hour notice.

- Co-payments, private pay, and wellness package payments are **due at the time of service**. There will be a $5.00 administrative fee for any payments not received at the time of service.

- For returned checks a fee will be assessed of $25

- I agree to deliver to The Chiropractic and Wellness Group (TCWG) any check, draft of funds that I may receive from any source intended as payment for services rendered by doctors of TCWG within 14 days of receipt by me and to be responsible for a 1.5% monthly interest accrued for failure to deliver payment after 30 days.

- I hereby acknowledge that I am ultimately fully responsible for payments of all charges and/or fees for services provided to me, regardless of any contract of insurance, any action at court, any settlement, structured settlement, verdict or arbitration award I may receive or be due, or the course or outcome of any dispute regarding the same. I also understand I may be charged a 1.5% monthly interest charge for any patient balances unpaid for more than 120 days. To avoid outstanding balances payment plans can be arranged.

Patient Signature _____ Date _____