

# *Kerkhoff Chiropractic*

## OFFICE POLICY

We believe that a clear definition of our policies will allow both you, the patient, and us, the doctor, to concentrate on the big issue – **RETAINING AND MAINTAINING YOUR HEALTH.**

### **APPOINTMENT POLICY**

Multiple appointments have been scheduled for you each week; please note that it is the frequency of visits that counts, and not the days.

Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. It is your obligation to make up a missed appointment within 7 days of any cancellation.

When entering the office on any given visit, please go directly to the front desk and "sign-in". We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait for the next available appointment. If you have any questions regarding our office policy or your appointments, please do not hesitate to speak to the receptionist directly.

The purpose of requiring all new patients to attend a Special Consultation/Spinal Health Orientation Workshop is to enlighten you about your body, especially the spine and nervous system. We have found that patients attending this class seem to respond faster because they can help us to help them.

Proper care is a two edged sword. Both the doctor and the patient have various responsibilities. Therefore you and your spouse or another family member are required to attend. If you have a friend or relative who may be contemplating whether or not chiropractic care may be of help to them, this an excellent opportunity to find out about chiropractic. Just inform our receptionist to reserve a place for them.

### **FINANCIAL POLICY**

1. It is our office policy that all services rendered in this office are charged directly to you, the patient, and that you are personally responsible for all payments, regardless of whether or not this office accepts insurance assignment. Upon request we will submit all primary insurance.
2. All payments are expected at the time of service. If patient's account is secured with credit card, account balance will be charged at the end of the week. Patient's balances may not exceed \$100 at any time.
3. Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of 1 1/2% per month. We reserve the right to charge for missed appointments.
4. All accounts not paid within 90 days will automatically be put through on your personal credit card.

I waive my right to receive advance notice of the deduction associated with my doctor services.

Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_