

Appointment Cancellations Policy

We want to thank you for choosing us as your Chiropractic health provider. We strive to render excellent care to you and the rest of our patients. Your care and treatment is a priority to us. We also ask that you respect your chiropractor's time as well as our massage therapist and expertise as well.

In an attempt to be consistent with this, we have an Appointment Cancellation Policy that allows us to schedule appointments for our patients, with respect for your time, the next patient's time, and the doctor's time.

Our policy is as follows:

We request that you give 24 hours notice in the event that you cannot make it to your scheduled appointment. This will enable us to offer your cancelled time to other patients that desire to get their treatment completed. If a patient misses an appointment without contacting our office, it is considered a "missed" or "no show" appointment.

The cancellation fees are as follows:

- ◆ less than 30 minute service - \$10 fee
- ◆ 30 minute service - \$20 fee
- ◆ 60 minute service - \$40 fee

Additionally, if you miss 3 consecutive appointments, The Wellness Center reserves the right to discharge you from the practice for failing to follow treatment recommendations.

If you have any questions regarding this policy, please let our staff know, and we will be happy to clarify the policy for you.

I have read and understand the Appointment Cancellation Policy of The Wellness Center and I agree to be bound by its terms. I am aware that I will be charged \$10.00/\$20.00/\$40.00 upon my next visit before receiving care due to my missed appointment and failure to notify the office 24 hours prior to my appointment time.

Patient Financial Responsibility

Thank you for choosing The Wellness Center for your medical needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibility

- ◆ The patient (or patient's guardian), is ultimately responsible for payment of treatment and care.
- ◆ We will be billing the insurance for our patients. However, the patient is required to provide the most accurate and updated information regarding insurance.
- ◆ Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- ◆ Copays/Coinsurance, deductibles and non-covered items are due at the time of service.
- ◆ If a patient's insurance requires a referral from their PCP, it is the patient's responsibility to obtain it. If we do not have one and the claim is denied by their insurance carrier, the patient will be responsible for the full balance of the services received.
- ◆ If the patient is filing a personal injury case and the Auto Insurance or Attorney do not cover the services performed, the patient will be held responsible for the remaining balance.

By selecting the box, I hereby authorize assignment of financial benefits directly to The Wellness Center and any associated healthcare entities for services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by this assignment.