

SHERWOOD FAMILY CHIROPRACTIC CLINIC  
DR. JENNIFER NIENABER, DC & DR. ERICA DePUYDT, DC  
20508 SW Roy Rogers Rd C115  
Sherwood, OR 97140  
503-906-3585  
**office policy**

**1. Patient(s) with no insurance:**

**Payments: "Time of Service"** patients are receiving this rate when payment is paid on the date treatment was rendered. This rate cannot be honored if payment is not received the day of treatment.

Any checks returned as NSF are subject to a \$25.00 fee per item \_\_\_\_\_ **Initials**

**2. Patient(s) with insurance:**

All co-payments are to be paid at the time of service. This is Oregon Law, required by all Insurance Carriers. Deductibles are paid at the time of service or at the end of each week. Your deductible balance may not exceed \$250.00. The insurance carrier may pay less than the actual bill for services. **I am aware and agree that all billings NOT covered or paid by insurance will be my responsibility.** \_\_\_\_\_ **Initials**

Unpaid balances over 90 days may be subject to a \$10.00 rebilling fee and we may have to initiate collection procedures. \_\_\_\_\_ **Initials**

**3. Missed appointments:**

It is our office policy that there is a \$25.00 fee for appointments canceled without a 24 hour notice and a \$40.00 missed appointment fee for Chiropractic appointments and a \$65.00 fee for missed massage appointments. These fees cannot be billed to your insurance carrier. This is patient responsibility, payable at the time of your next scheduled visit. \_\_\_\_\_ **Initials**

**4. Supplement/Supports:**

Payments for supplements, orthopedic supports, etc. are required at the time they are dispensed. \_\_\_\_\_ **Initials**

**5. X-rays:**

Should Dr. Nienaber determine x-rays are needed, you will be referred out to a radiology center to get them done. \_\_\_\_\_ **Initials**

**6. Patient Phone Calls:**

If we endeavor to call you regarding an appointment, is it okay to confirm with an answering machine or someone besides you? **Yes No**

**7. Appointment times:**

Appointment times are made to allow the daily schedule to move efficiently. If you are late for your scheduled appointment time your treatment time may need to be reduced, or you may need to reschedule your appointment for another time. \_\_\_\_\_ **Initials**

I have read and understand all of the above.

\_\_\_\_\_  
PATIENT SIGNATURE/RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

Sherwood Family Chiropractic Employee Initials\_\_\_\_\_