

# Sherwood Family Chiropractic

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## Office Policy

### **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**

### **Patient(s) with insurance:**

All copayments are to be paid at the time of service. This is Oregon Law, required by all Insurance Carriers. 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.**

### **Supplement/Supports:**

Payments for supplements, orthopedic supports, etc. are required at the time they are dispensed.

### **X-rays:**

Should your provider determine x-rays are needed, you will be referred out to a radiology center to get them done.

### **Patient Phone Calls:**

Please notify our office if you prefer we not confirm your appointments with an answering machine if unable to reach you directly. This is provided to you on our HIPAA Communication form.

### **Appointment times/Late Appointments/Cancelled Appointments:**

It is our office policy that there is a \$25.00 fee for chiropractic appointments canceled within less than 24 hours. Appointment times are made to allow the daily schedule to move efficiently. If you are up to 15 minutes late for your scheduled massage appointment time you will be charged \$25.00 per 15 minute increments, your treatment time may need to be reduced, or for chiropractic visits you will most likely need to reschedule your appointment. There is an \$80 fee for massages cancelled less than 24 hours. These fees cannot be billed to your insurance carrier. This is patient responsibility, payable at the time of your next scheduled visit. We expect our staff members to treat each patient with courtesy and respect and we expect the same from our patients. We are here to assist you in your needs however we do not tolerate inappropriate behavior and engaging in such is cause for termination of care.

### **Missed appointments:**

There is a \$55.00 missed appointment fee for chiropractic appointments, a \$100.00 fee for a missed 60 minute massage, a \$70 fee for a missed 30 minute massage, and a \$150.00 fee for a missed 90 minute massage. These fees cannot be billed to your insurance carrier. This is patient responsibility, payable at the time of your next scheduled visit.

**I have read and understand all of the above.**

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Patient or Responsible Parties Signature

Date