

IMBROGNO CHIROPRACTIC & HEALING ARTS CENTER

OFFICE POLICY

WELCOME to our office! Our goal is to provide a healing and professional environment where each individual, regardless of age or physical condition, receives personal attention, quality care and outstanding service. It is our desire to have this environment be supportive of your healing process and for you to obtain the *best* results possible. Therefore, we ask for your assistance in following these guidelines:

OFFICE HOURS

Initials: _____

Our office is open Monday through Friday and 2 Saturdays/month. Our shifts are divided into adjustment hours and specific times for new patients, re-exams and report of findings hours.

APPOINTMENT SCHEDULE

Initials: _____

Sessions are by appointment only. After your evaluation and report of findings, a specific course of care will be recommended. For your convenience, we suggest that you schedule your appointments in advance. We attempt to honor all appointments at your scheduled time. If you are late for your appointment, you may have to forfeit your appointment or be rescheduled for the next available appointment. Please provide **at least 4 hours notice** when canceling/rescheduling an appointment. This will allow us to accommodate clients who are in need of a session. ***There is a \$50 fee for all missed appointments and/or cancellations without at least 4 hours notice.*** Please refrain from repeatedly rescheduling appointments. Your commitment to your care is vital to the correction of your problem and the restoration and maintenance of your health.

CELL PHONE USE

Initials: _____

Please turn off cell phones while in the office. *If you MUST make or receive a call, please step out of the office.*

FINANCIAL AGREEMENT

Initials: _____

Payment is due at the time of service. We accept cash, checks, MC and Visa for your convenience. You will be provided a statement of services that you can submit to your insurance company for direct reimbursement. *A service fee of \$25 will be charged for ALL returned checks.*

PROFESSIONAL EXCELLENCE

Initials: _____

In order to provide the best chiropractic care to you and your family, the Doctors are occasionally away from the office to attend conferences and continuing education seminars. Every attempt will be made to avoid any interruption in your care.

REMEMBER...

Initials: _____

Healing takes time...it is a process. If at any time during your care you do not feel you are responding as well as you expected, please discuss your concerns with any of the Doctors or one of our staff members. We want you to get the most from your chiropractic care. Also, if your case warrants an outside opinion or co-management with another health care professional, the appropriate referral will be made. ***THANK YOU*** for helping us to create an environment that works for everyone!

I have read and understand the above policies and agree to abide by them.

Signed: _____ Date: _____