

Patriot Chiropractic Center  
3915 Old Lee Hwy, Ste. 22C  
Fairfax, VA 22030  
(703)385-7007 Fax (703)385-4384  
patriotchiropractic@verizon.net

## OFFICE POLICY

We believe that a clear definition of our policies will allow both you the patient and us the doctors to concentrate on the big issue --- **REGAINING AND MAINTAINING YOUR HEALTH!!!**

### **APPOINTMENT POLICY**

Multiple appointments have been given for your convenience, to minimize waiting and to facilitate incorporating these appointments into your daily routine. Regardless of how many appointments are scheduled for 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. If you cannot give our office 24 hours' notice, or you miss an appointment without notifying the office, your account will be charged \$25.00.

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 there are any questions, please ask our staff members.

### **FINANCIAL POLICIES**

It is our office policy that all services rendered are charged directly to you the patient and that you are ultimately solely responsible for all payments. All payments are expected at the time of service. Patient balances may not exceed \$140 at any time or professional care may be terminated.

### **Acupuncture, Laser Treatment, and Nutritional Patients**

All acupuncture, laser treatment, and nutritional services are charged separately from chiropractic treatment. All payments for these services are expected at the time of service.

### **Returned Checks**

As we are assessed a fee for returned checks due to insufficient funds, etc., a \$25.00 Returned Check Fee will be assessed to your account for any checks that are returned to our office.

### **Failure of Payment**

Failure of payment on your account will result in a late charge of 12% per annum or the prevailing interest rate, whichever is greater, which will accrue monthly on your unpaid balance from the date that your account is 30 days past due. After 90 days of non-payment, your account will be considered delinquent and will be turned over to our attorney for collection. If your account is turned over for collection, you will then be responsible for all charges, court costs, and attorney's fees at 33 1/3%.

Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care or our policies, please let us know. We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_