

# OFFICE AND FINANCIAL POLICIES

All policies and procedures are designed to help you experience optimum improvement in your health and quality of life.

- ❖ Office Hours are by appointment on Tuesdays, Thursdays, and Saturdays.
- ❖ In order to create a healing atmosphere, please refrain from casual conversation in the treatment room.
- ❖ While we ask you to respect others' privacy, patient confidentiality cannot be guaranteed in the group setting. If you wish to discuss any aspect of your care in private, please schedule a private session during our consultation hours. Initial here \_\_\_\_\_ to indicate that you have seen the HIPAA notice.
- ❖ **Please do not wear perfume, cologne, scented hair products**, etc., to the office as they may impair the progress of allergic or chemically sensitive clients.
- ❖ **Personal cleanliness is essential.** Wear loose clothing that allows for movement. Socks are provided if you are barefoot. They are located in the drawers in the bench in the reception area.
- ❖ **Please be on time** by planning to arrive five minutes early for your scheduled appointments. Allow for unexpected delays such as traffic jams. Late arrivals disrupt care for others and may decrease the amount of time available for your visit. If you arrive late, your visit may need to be shortened or rescheduled. If it needs to be rescheduled you will be charged for the visit.
- ❖ When we discuss your care plan, we will recommend a certain **frequency and duration of care**. Whatever schedule is recommended, results will not be achieved unless the frequency is kept. You will lose time and money if you do not keep your appointments. We also recommend, once we know the time you prefer, that you reserve that time for yourself as far in advance as possible so you do not lose this appointment slot.
- ❖ We recognize that an appointment might not be able to be kept. In such a case we request the following:
  1. Call us at least 24 hours in advance, to avoid missed appointment or late rescheduling fees (see below);
  2. Reschedule your make-up appointment the same day, the next day, or within the next week;
  3. If a treatment is missed and not made up in 7 days you will most likely need one visit more than the recommended series. This will cost you time and money. Remember, your results are based on the number of kept appointments per week.
- ❖ **Late Cancellation/Rescheduling:** This policy applies regardless of the reason for the late cancellation/rescheduling. By signing below, you acknowledge that you understand and agree that your credit/debit card will be charged for late cancellations or rescheduling (less than 24 hours).
- ❖ As far as finances are concerned, we want to make sure that cost is not a barrier to your receiving care. There are several options for paying for your care, whether or not medical insurance is involved. With the exception of care under your auto personal injury protection (PIP) or Washington State Workers' Compensation, payment is due at the time of service unless other payment arrangements are made. If you have medical insurance, we handle the billing to your insurance company. For those who need assistance in managing payment for their care, we are contracted with a third-party/no-credit-check finance company which charges a low service fee. Details of these options will be discussed when we discuss your recommended care plan, generally at your third follow-up visit.
- ❖ If you have medical insurance, please keep in mind that your contract is with them. Since insurance reimbursement is unpredictable, no matter what their representatives say or their booklets have in writing, we want to work out with you in advance how to address non-payment by the insurance company. Our experience is that if you pursue your company regarding any denied claim, they will be more likely to pay, since you are the customer. We are happy to assist you in any way we can to facilitate reimbursement.

I understand and agree to the above Office and Financial Policies:

\_\_\_\_\_  
Signature of Patient or Guardian/Date

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Print Name of Patient