

## PATIENT RESPONSIBILITIES

**In order to accept you as a patient in our office, the following criteria must be met:**

### **KEEP TO YOUR SCHEDULED APPOINTMENTS!**

In order to make the necessary corrections to your spine it is vital that you keep your appointments as scheduled. This also allows us to serve you better by keeping waiting time to a minimum. If an emergency arises and you miss your appointment, please call to reschedule your visit.

### **REFER YOUR FRIENDS AND LOVED ONES!**

As you start benefiting from Chiropractic care, we ask that you share Chiropractic care with everyone you know! Remember, someone told you about us!

### **WE ADJUST THE BONE, NOT THE SYMPTOM!**

Just because your symptoms have gone, that doesn't mean your spine is completely corrected. Correction takes time.

### **MAINTENANCE CARE!**

After successful correction (stabilization) of your condition, we recommend you continue care on a maintenance/wellness plan. It makes sense to maintain the correction and stay healthy! This can be discussed with the Doctor at your Progress Evaluation.

### **FINANCIAL POLICY**

Delinquency causes guilt, stress and resentment and hinders our ability to accomplish our goals for great health. Pre-payment or payment at time of visit is expected.

*Initial* **Insurance** - I understand and agree that health and accident insurance policies are a contract between **ME** and **MY** insurance carrier, not Boardman Family Chiropractic. I clearly understand and agree that I am ultimately responsible for any co-payments/deductibles, or any amount not covered by my insurance and it is my responsibility to obtain all referrals related to my care prior to the date of service. I understand that all bills, which are not paid within 60 days will be subject to an administrative fee of \$20.00 plus interest from the date the payment became due at the rate of 18% per annum. I understand that there will be a \$25.00 fee charged for a returned check.

*Initial* **Personal Injury Cases** - Balances begin to accrue interest at a rate of 1% per month beginning with the patients initial date of treatment and continues until the balance is paid in full. For patients who elect self representation: I understand that any balance left unpaid following a 2 month grace period from my release of care is ultimately my responsibility and may become due and payable immediately.

**I have read and understand these responsibilities and agree to abide by them.**

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Signature

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Date