

## Doctor-Patient Agreement

### Welcome to Burgess Chiropractic

The purpose of this agreement is to allow us to serve you more completely. It is our experience that those patients who adhere to the following agreements get the best results.

### Appointments

Scheduled appointment times are honored first. If you come late or early for a scheduled appointment, you may have to wait. Patients are not seen on a first come first served basis.

### Treatment or Therapy Preparation

A staff member will take you to the appropriate treatment/therapy room. Comfortable clothing is always ideal. Patient gowns are available upon request. Please remove jewelry, barrettes, belts, cell phones, and loose fitted boots.

### Financial Agreements

Financial agreements you make with our office are expected to be honored. If you find that you cannot fulfill the agreement that you have made with us, please advise our staff immediately so that new arrangements can be made. Insurance billing is a complimentary service. Any insurance checks and explanation of benefits ("E.O.B.") sent to your home should be brought to our office within three (3) days. There is a \$ 10 service charge for duplicate billing.

### Missing or Changing Appointments

We have set up a specific course of treatment for you. A certain number of treatments in a set amount of time are required for us to get the results we both desire. Thus, if you need to change the time of your appointment, plan to come another time the same day. If the same day is not possible, be sure to make up the missed appointment within one week. *With the exception of an emergency, there is a \$25 charge for missed or cancelled appointments without a 24 hour notice.*

### Progress Evaluations and Re-evaluations

During your treatment series, progress evaluations and check-ups are performed. The fee for these services should be paid according to the payment agreement made with our office.

I have read the above and I understand and agree to these office policies.

\_\_\_\_\_  
Patient Signature (parent/guardian if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date