



BROWN CHIROPRACTIC ASSOCIATES, P.C.

OFFICE POLICY

We believe that a clear definition of our office policies will allow You, the patient and us, the doctor, to concentrate on the big issue, REGAINING AND MAINTAINING YOUR HEALTH!

187 New Hackensack Road
Wappingers Falls, NY 12590
Telephone: (845) 297-3751
Fax: (845) 297-4884
E-mail: BrownChiro@aol.com

APPOINTMENT POLICY:

Multiple appointments will be scheduled, for your convenience, to minimize waiting and facilitate incorporating these appointments into your daily routine. Regardless of how many appointments are scheduled for you each week, please note that it is the frequency of the visits that counts, not the days.

Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule the visit. It is your obligation to make up a missed appointment within **7 days** of any cancellation.

This office reserves the right to charge \$25.00 for missed appointments and those cancelled without 24 hours notice.

When entering the office on any given visit, please go directly to the front desk and "sign in". 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 you have any questions regarding the office policies or appointments, please do not hesitate to speak with the receptionist directly.

The purpose of requiring all new patients to attend a New Patient Workshop is to give you valuable information about getting the maximum benefits in the least amount of time, therefore saving you money! We care about your health as much as you do and know how important it is for you to get the maximum benefit from your care!

If you have a friend or relative who may be contemplating whether chiropractic care could help them, this is an excellent opportunity to find out! Just inform the receptionist to reserve a place for them. Our next **complimentary** New Patient Workshop is scheduled on the referral board!!

FINANCIAL POLICY:

1. Any charge incurred in this office, including co-pays, deductibles and charges denied or not covered by insurance, becomes the responsibility of the patient. **All co-pays/co-insurances are expected at the time of service. If Balance is not received a service fee of \$10.00 will be charged.**
2. It is the patient responsibility to know their insurance policy benefits. While our team at BCA will attempt to keep you informed of your benefits, there are several variations within each plan. Charges resulting from policy changes or variations are the responsibility of the patient. Please inform us of any change in insurance.
3. Patients without insurance coverage may not exceed \$150.00 balance at any time. Patients with insurance are expected to pay co-pays or deductibles at the time of service.
4. Returned checks are subject to a \$20.00 collection fee. Balances over 30 days may be subject to additional fees and interest charges of 2% per month. Charges may also be made for missed appointments and those cancelled without 24-hour notice for a fee of \$25.00.
5. All personal accounts not paid within 90 days will automatically be put through on your personal credit card.

Type: Visa/ MC / AMEX/ DISC

Account Number _____ Exp. Date: _____

Print Name

Signature (Patient, Parent or Guardian)

Date