

Balance 4 Life Chiropractic

Office Visit and Procedures Cancellation, No-Show, Late Arrival Policy and, Billing

As part of our continued effort to provide you with the best care and accommodate all appointment requests, beginning on December 1, 2013 we will institute the following no-show and late arrival policy:

Cancellations/Reschedules: Time has been specifically reserved for your treatment. Please call at least **24 hours** ahead to cancel or reschedule an appointment. For Monday appointments, please call by Friday.

If you fail to cancel your office appointment at least 24 hours ahead or fail to show up for your scheduled appointment, you will be charged a "No Show Fee." The fee is \$25.00 for established patients and \$75.00 for a consultation or new patient visit.

Late arrivals: If you are 15 minutes or more late for your appointment, you may need to re-schedule and will be charged a late-cancellation fee of \$25.

Waivers: We understand that unforeseen circumstances may prevent you from being able to cancel an appointment 24 hours in advance. In such cases, we will work with you to determine if the above fees may be waived.

NOTE: Insurance/Managed care does not pay for missed appointments or late cancellations. **All patients are responsible for the bills incurred.**

Billing/Collections: We mail account statements to the address you provide. If payment is not received after 30 days you receive a letter stating that your account is past due and you will have 30 days to respond. At 60 days you receive your second past due notice with 30 days to respond. If you do not respond you will receive your third and final notice at 90+ days with 30 days to respond. If you do not respond after 30 days we will send your account statement to a Collections Agency to retrieve payment from you. We also payment plans that can be mutually agreed upon.

We value our patient/doctor relationships and will do everything we can to accommodate you. Your communication and compliancy are not only very much appreciated but will help us to help you (and others) achieve a positive outcome.

If you need to change or reschedule your appointment, please call (804) 744-4317.

I, _____, have read and understand the above policy.

Signature: _____ **Date:** _____