

Chiropractic Agreement

Welcome to my office! By coming in today you have made an important commitment to your health. I hope you enjoy your experience with chiropractic as we work together to help you attain your full health potential. Please read the following to acquaint yourself with a few of our policies. The purpose of this agreement is to allow us to serve you more completely and to get the best results in the shortest amount of time. It is our experience that those patients who adhere to the following agreement get the best results.

Chiropractic Office Hours

Monday	2:30pm – 6:00pm
Tuesday	10:00am – 11:00am
Wednesday	2:30pm – 6:00pm
Thursday	2:30pm – 6:00pm
Friday	2:30pm – 6:00pm

Fees

Payment is required upon receipt of service. We gratefully accept payment in cash or cheque.

Initial consultation and examination	
All	\$90.00
Subsequent office visits	
Adults	\$40.00
Children 12 and under and Seniors	\$30.00
Reassessment (Examination after a three month absence)	
Adults	\$45.00
Children 12 and under and Seniors	\$35.00

Extended Health Care

Most extended health care programs will pay part of your chiropractic fees. We will be happy to provide the necessary receipts to facilitate your claim. Please note that you are responsible for submitting the claim to your insurance company. Extended benefits are an agreement between you and your insurance company, not between your chiropractor and insurance company.

Motor Vehicle Accident

Our office is unable to process motor vehicle accident claims for new patients.

Workplace Safety and Insurance Board (WSIB)

Our office is unable to process WSIB claims for new patients.

Emergencies

Your discomfort is our immediate concern. In the case of an emergency, please call the office and we will arrange for you to be seen at the first possible opportunity.

Appointment times

We strive to run on time. If your condition changes or you have a new concern that you need to discuss, please call the office so that we may book the appropriate amount of time for you. If you are 10 minutes late or more for your appointment time we will make every attempt to accommodate you, however, it may be necessary to reschedule your appointment out of respect for the other patients who have arrived on time.

We appreciate 24 hours notice of a cancellation. Patients will be billed for appointments missed without notification.

Patient Co-operation

We will set up a specific course of treatment customized for you. A certain number of treatments in a set amount of time are required for you to get the results you desire. Therefore, if you need to change an appointment, please reschedule to make up that appointment within the week. This will enable you to maintain your treatment schedule. Missing appointments decreases the effectiveness of the treatment plan and may lead to more visits being required for you to reach optimum health.

No smoking, alcohol, or illicit substance use is allowed on the premises. Treatment will be refused if the patient is, or is suspected to be, under the influence of any of the aforementioned.

Your Health and Happiness

We are here to serve you, our patient. Please speak to the Doctor of Chiropractic or office manager about any upsetting matters. We see your comments as helping us to help you and others. Please feel free to discuss any aspect of your care with us at any time.

I have read and understood the above patient policy and accept this policy as stated.

Please print name

Signature

Date

Guardian, if patient is under 16 years of age