OFFICE POLICY

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

Multiple appointments can be scheduled, for your convenience, to minimize waiting and to 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 visits that counts, and not the days. Our office hours are as follows:

Monday, thru, Friday 9:00 - 12:00, 2:00 - 6:00
Saturday 9:00 - 11:00

Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. This office reserves the right to charge for missed appointments and those cancelled without 24-hour notice**. It is your obligation to make up a missed appointment within 7 days of cancellation.**

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. You may have to wait for the next available appointment if you are late or early. We try very hard to stay on our schedule so patients may get on with their day.

All co-payments are due at the time of service. Also, any payments going towards your insurance deductible is to be paid at the time of service until deductible obligation is met.

Hippa Notice of Privacy Practices

I authorize my name to be placed on a referral board or any recalls by phone or mail to my home/work.

We are required by law to maintain the privacy of, and provide individuals with, a notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to our privacy practice, please ask to speak with our HIPPA Compliance Officer in person or by phone at our Main Office Phone Number.

Your signature below acknowledges that you have read and understand the above information.

Patient's Name (Print): _____

Patient or Parent's Signature: _____

Date: _____