

Patient Name: _____



OFFICE POLICIES

To increase the efficiency of our office and to ensure that you will receive maximum benefit from the care offered, we ask you to follow these policies:

1. It is our policy to accept payment on completion of each treatment. We accept cash, cheque, Visa, Mastercard, and debit.
2. You may find that your extended health care policy covers you for Chiropractic and/or Acupuncture treatments. Please check the specifics with your insurance provider. We will provide the necessary receipt for you to submit to your insurance company.
3. Our appointments are booked in consecutive time slots and we strive to stay on time. There may be times where we run over because of an emergency, however, we do follow the schedule and try to run a tight ship. Please help us stay on time, by ensuring your appointments are properly recorded in whatever form of daytimer you use and by arriving at your scheduled time.
4. Please provide a **minimum of 24 hours to cancel an appointment**. Any appointment missed or cancelled within the 24 hour time frame is subject to a \$60 missed appointment fee.
5. A service charge of \$35 will be charged for NSF cheques.

I clearly understand and agree that all services rendered are charged directly to me and that fees are due when services are rendered. I understand that I am personally responsible for the payment of such fees.

I understand that certain extended health care and accident insurance policies cover Chiropractic and Acupuncture treatments. I agree that these policies are an arrangement between an insurance carrier and myself.

Patient's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____
(if under 18 years of age)

Dr Doris Mertins **Dr Darcie Sinclair** **Dr Roberta Da Re**