



OFFICE POLICIES

To offer full discounts and benefits the following policies are required by our office.

SCHEDULED OUT: Our office will schedule all visits on your care plan up until your end date. Missed visits should be made up within 2 days and no later than 7 days from the originally scheduled appointment.

Appointments should be completed by _____.

FOLLOW RECOMMENDATIONS: Following your chiropractor’s recommendations is critical for you to get the results you have come to HFC to receive. If, at any point during your care plan, you find that you are having difficulty following doctor’s recommendations please let us know. To help you stay on rhythm with your recommended adjustment schedule our office will automatically move any missed appointment to a different day at a similar time and notify you. You can call or text to change that appointment. If you acquire three missed appointments that you have not confirmed a “Make Up Date” for, the doctor will then attempt to contact you to discuss your health goals and your care plan. If we are unable to contact you, or you are unable to make up those appointments, your account will be closed, and a closing letter with a financial statement will be mailed to your address on file.

AUTOMATIC PAYMENTS: To qualify to be on a discounted care plan, you must have prescheduled automatic payments set up. **Any remaining visits or credit on your account will be cleared to zero at the END DATE of your discounted care plan.**

EXTRA CARE: Payment for any extra adjustment or other care received outside of care plan recommendations will be collected at the time of service.

BETTER RESULTS FASTER (BRF WORKSHOP): All patients **must** attend this new patient orientation. It is a critical part of the doctor’s recommendations to ensure you get the best results.

Scheduled Date 1: _____

Scheduled Date 2: _____

Guest: _____ Relationship _____

It is our mission to restore hope and inspire families to live a purpose-driven life and live it to the full by being stronger, healthier and happier. These policies are designed to strengthen our partnership with you to ensure you receive the best results possible in our office. Your signature below signifies that you’re ready to work with HFC throughout your agreed upon care plan.

Patient Name

Signature

Date