

SPORTS & SPINE CHIROPRACTIC
39 W. Bankview Drive, Frankfort, IL 60423
815-464-7113

SPORTS & SPINE CHIROPRACTIC OFFICE POLICIES

The purpose of this agreement is to allow us to completely serve you and to get the best results from your treatment.

OFFICE HOURS

The doctors have specific hours. Your appointments will be scheduled accordingly. Due to high patient volume, we require that you make an appointment to ensure that you are seen in a timely manner.

ARRIVAL

When you arrive at the office, please check in with the front desk and turn off all cell phones.

PAYMENT OF BILLS

We will expect you to pay your co-pays and/or co-insurance in a timely manner. If this is a hardship, please advise one of us immediately so that new arrangements can be made. Insurance companies will be billed. No balance is allowed over 30 days.

SCHEDULING, MISSING OR CHANGING APPOINTMENTS

We will set up a course of treatment for you. A certain number of treatments are necessary for us to get the results we both desire. Thus, keeping your scheduled appointments is imperative! When you are calling to schedule an appointment, please be specific about the type of appointment you need, whether it be an adjustment and/or a new injury or problem. If you cannot make your scheduled appointment, please call us and let us know so you can be rescheduled.

SUPPLIES

Throughout your care at Sports & Spine Chiropractic, braces, vitamins or other supplies may be recommended by the doctor. We require payment for that supply be made up front on the day you receive it.

PAYMENT OF BILLS

As a courtesy to you, we will bill your insurance for services rendered, however, we will expect you to pay your co-pays and or coinsurance in a timely manner. When you receive a patient statement, a payment is expected to be made within 30 days. If this is a hardship, please advise the billing office so that new arrangements can be made.

If you have any comments, questions or concerns, please speak to one of the staff.

I have read the above and I understand and accept these policies.

Patient's Signature

Date