

Michael Aker, D.C., Dipl.Ac(AACA)
Sarah De Preter, D.C., C.C.W.P.
Shelby Patten, D.C
Joshua Underwood, DAT, LAT



Tel: 207-374-2186
Fax: 207-374-5235

20 East Blue Hill Road • PO Box 326
Blue Hill, ME 04614

DOCTOR AND PATIENT AGREEMENTS

Welcome to Wellness Chiropractic. The purpose of these agreements is to allow us to provide the best service and to get the best results in the shortest amount of time. It is our experience that those patients who adhere to the following agreements get the best results. These policies are also designed to minimize patient waiting.

AGREEMENT: FRONT DESK

We expect our receptionists to deal attentively and accurately with each of our patients. We respect the privacy of each of our patients. We also expect our patients to respect each other's privacy. Do not interrupt the receptionist when she is dealing with another patient. These interruptions simply increase check in/check out times and we intend to keep your wait in our office as brief as possible.

AGREEMENT: PAYMENT OF BILLS

We will expect payment at the time of service. To speed up check out times, it is our preference that you keep a Credit/Debit or HSA/FSA card (Visa, MasterCard, or Discover) on file in our secure credit card processing system. The office will offer payment plans for patients on active treatment plans. Payment plans may need to be adjusted if your treatment alters from the Doctor's original treatment plan. If you find you cannot fulfill the agreements you have made with us, advise our staff immediately so new arrangements can be made. Medicare, Workers' Compensation and Personal Injury cases, will be directly billed, but the Front Desk will need to be notified prior to any treatment you receive as we will not bill retroactively.

AGREEMENT: MISSING OR CHANGING APPOINTMENTS

There will be a service charge of \$25 for missed appointments or appointments cancelled without adequate notice (at least 12 hours prior). Please do not attempt to change or cancel an appointment via e-mail or on a texted appointment reminder. Call our office directly to make any changes to your scheduled appointments.

► please see other side ►

AGREEMENT: TREATMENT TIMES

Any new problem (a new injury, accident, injury at work, etc...) cannot be considered during a previously scheduled adjustment only appointment. Please call the office to reschedule your appointment to a time that allows the Doctor to fully assess the new complaint.

AGREEMENT: DIETARY RECOMMENDATIONS AND NUTRITIONAL SUPPLEMENTS

Dietary recommendations should be followed and nutritional supplements taken as recommended. Any problem you may have with these recommendations should be communicated with the Doctor. We do not prescribe medications but will make recommendations to help speed your recovery. You are expected to pay for nutritional supplements and any supplies at the time of purchase.

AGREEMENT: DOCTOR ATTENTION

Your Doctor agrees to give you and your health their full attention within your scheduled appointment time. Our intent is to further your health progress at each appointment and subjects that are not relevant to your health do not serve this purpose. Please be respectful of the length of time scheduled for your appointment.

AGREEMENT: UPSETS/CONCERNS

We are here to serve you. Please speak with your Doctor/Staff about any upsetting matter. Your comments help us to serve you and others better.

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

Patient Signature

Date