

# Restoration Chiropractic Wellness Center

## Administrative Notice of Office Policies

### OUR OFFICE POLICIES

As a potential new patient, we feel it is important that you understand our office policies regarding, how patients of this practice are cared for, and the various methods we offer to facilitate payment for that care. Please read each policy carefully so there is no misunderstanding as to what you can expect as a patient of this practice, and what we expect in return. Once you have read "Our Office Policies", if you have any questions or any of these policies are unclear to you, and you would like further explanation, please let our front desk know and a member of our staff will be happy to discuss them with you further. We believe it is in everyone's best interests to provide potential new patients as much information as possible about how the doctors at this office practice chiropractic so that an informed decision can be made as to whether they wish to become a patient.

Over time, individuals who are accepted, as patients at this office, gain a greater understanding as to the purpose of chiropractic. Some of the care we provide occurs in an open bay area. This allows patients to observe the positive results that are achieved, and the benefits derived from being under chiropractic care. This knowledge and awareness reap a positive environment that promotes healing and encourages families to maintain good health. We want your experience with us to be an exceptional one, so help us to help you and together we can make affirmative changes in your life and the lives of those you care about.

#### **REPORT OF FINDINGS**

To enhance your understanding of the chiropractic approach that will be used to manage your health, immediately following your first adjustment, you will be scheduled for a 'Doctors Report of Findings'. The information you receive at this appointment will be both informative and clinically relevant to your case, therefore attendance is required for individuals who wish to become new patients of this practice. Because the results of your x-rays and all examinations as well as the doctors' recommendations for care, will be discussed at that time, we strongly urge new patients to invite their spouse or significant other to attend. We know from experience that when a patient's family understands the goals and objectives of chiropractic care and how restoring and maintaining good health can affect their lives as well, they become infinitely supportive and helpful in making important decisions concerning treatment options.

#### **NEW INJURIES**

In the event you sustain a new injury, please let the front desk coordinator know as soon as possible. There may be additional paperwork to be filled out.

#### **RESCHEDULING APPOINTMENTS**

We set up specific treatment schedules for our patients. A certain number of treatments in a set amount of time are required for us to get the results we both desire. If you need to change this time, please reschedule your appointment for another time. If the same day is not possible, be sure to make up the missed appointment within one week.

#### **PROGRESS EVALUATIONS & RE-EXAMINATIONS**

Progress evaluations & re-examinations will be performed periodically to determine your rate of progress and future course of treatment. A special time will be set up for your re-evaluation appointments.

#### **PATIENT ACKNOWLEDGEMENT:**

**I have read the above Office Policies. I acknowledge receiving a copy of the Office Policies. I further acknowledge that any concerns regarding these Office Policies as well as all my questions have been answered by a qualified member of the staff to my complete satisfaction.**

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Patient's Name

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DOB

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HRN

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date