**BOND CHIROPRACTIC HEALTH CENTER**

1 South Jefferson Avenue

Canonsburg, Pa. 15317

(724) 745-3737

**WELCOME**

The following information is offered to help you take full advantage of our services:

**OFFICE HOURS**

Monday - Wednesday - Friday - 9 to 1 and 3 to 7

Tuesday - 9 to 1 and 3 to 5

**SPINAL CARE WORKSHOP**

This is an important part of your care and is mandatory for every new patient. Not only does it introduce you to Chiropractic health care, but it also provides you with information vital to your understanding of what you can do to help yourself get well, and stay well.

It would be best to include your spouse, children, or someone else close to you so that they too will understand what is necessary to help you improve quickly.

Normally, there is a $25.00 fee for this service. However, we have scheduled special times when you can attend at no charge. Your appointment for the workshop will be scheduled on your first visit.

**APPOINTMENTS**

Appointments are an agreement between you and your doctor and they must be kept if you are to see any results. It is our policy to see you as close to your APPOINTMENT TIME as we possibly can. Since we see you according to the time of your appointment rather than when you arrive, if you are late, you may lose your time slot. If you are early, you may have to wait. Therefore, please be here approximately 5 minutes before your scheduled appointment time.

You should not miss any of your appointments. If you must change your appointment time, please call at least 24 hours in advance. Otherwise, a $5.00 fee may be charged

**REFERRALS**

The majority of patients who start at this office are referrals. In fact, a friend or relative probably referred you here. They realized how beneficial Chiropractic care is, and felt that you deserved the best. As you begin to see the benefits of chiropractic care, we hope you also will share this experience with others. When you send a friend or relative to us for Chiropractic care, not only do you have the satisfaction of seeing another get needed help, but as our way of saying thank you, we will also give you a complementary adjustment for yourself.

**FINANCES**

Finances will be discussed with you on your very first visit. Insurance coverage (if applicable) will be reviewed at that time.

Payment is expected at the time services are rendered unless special arrangements are made.

We accept payment by cash, check, money order, Visa, MasterCard, or the Discover card. Special discounts are available for advance payment.

After your report of findings visit, you will again have the opportunity to discuss all aspects of your care including any needed financial arrangements. Special considerations will be in writing. If at any time you need to revise that agreement, notify the front desk, or office manager immediately. OTHERWISE, PAYMENT WILL BE EXPECTED AS AGREED.

**RECORDS**

By law, the doctor and clinic are responsible for x-rays and other patient records. These are held in strictest confidence and WILL NOT BE RELEASED TO ANYONE without your written permission. Further, they are the property of the Clinic, not the patient. Charges are made for the taking and interpretation of the x-rays only. X-rays that have not been paid for will NOT be released to anyone.

**CHANGES IN STATUS**

Notify us immediately if you have been involved in any type of accident, or have been injured in any way. Also, notify the front desk if there is any change in your mailing address, telephone number, or anything else we should know about.

If you have any questions concerning our policies, or any aspect of your care, please do not hesitate to ask the Doctor. We want you to be happy with the service you are getting, so if anything is not to your satisfaction or not understood, speak up! WE WANT TO KNOW.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING POLICY AND HAVE RECEIVED A COPY OF THE SAME.**

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Date Patient's Signature

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Date Witness