

Gloria Phillips, D.C.
2001 S. Barrington Avenue,
Suite 316 Los Angeles CA 90025
T: (310) 473-2020
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WELCOME TO OUR OFFICE

Plan to be in the office 60-90 minutes.

Please bring the following to your first visit:

1. Completed Health History Form & Patient Information Form
2. Bottles of your current Vitamins, Herbal & Homeopathic Medicines
3. Completed Food Diary
4. Any laboratory, radiology (x-rays, MRI, scans) or diagnostic reports and medical records that may be of value in assessing your needs. (You may request your physician to fax these records directly to our office 310-473-2588)
5. A list of questions to ask the doctor

Dr. Phillips will spend approximately one hour with you going over your health history and current concerns. If your case is complex, the first visit may not include treatment, which would be rendered at your follow-up visit. Doctor Phillips and the patient will decide together how to best use the assessment and evaluation time that's set-aside on the first visit.

Directions

We are located two blocks north of Olympic Blvd, in the Americana Gardens Office Building, at the SW corner of Barrington and La Grange Avenues. Take the 10 Freeway West to Bundy North exit. Turn right and head to Olympic Blvd. Turn right on Olympic and go three blocks to Barrington. Turn left on Barrington and go two blocks to 2001 S. Barrington.

Parking

Street parking with meters is usually available. There is also a parking structure next to the office building.

Payment We ask for payment at the time of each visit for all services rendered as well as any nutritional or herbal supplements supplied to you. All patients submit their own insurance claims. We accept cash, checks, Visa, & MasterCard.

Scheduling

If it is necessary for you to cancel or reschedule an appointment, we require a FULL 24 HOURS NOTICE to change your appointment without charge. ***Any appointments canceled or rescheduled within 24 hours notice will be charged for a full office visit.*** Please realize we have reserved this time for you and that another person in need of care will be able to have time with the doctor when 24 hours notice is given. If you are more than 20 minutes late for your appointment, we may not be able to accommodate you.

Payment

Please understand that we have no payment agreements with your insurance company. Insurance benefits are a matter between you and your insurance company. We will be happy to supply you with any information you may need to assist you in procuring payment for your medical claims. Submission of medical insurance claims is the responsibility of the insured.

We reserve the right to make a finance charge at an interest rate of 1.5% per month for every month that your account remains overdue over 30 days.

If we can be of further assistance to you prior to your initial visit please do not hesitate to contact our office.

We look forward to providing you with service and care!

I have read, understand, and agree to the above policies.

Name (print) _____

Name of child for whom I am a parent or legal guardian _____

Signature _____ **Date** _____

Informed Consent:

Gloria Phillips, D.C. is a Licensed Chiropractor. Dr. Phillips is not a medical doctor. She does not claim to diagnose, treat, cure or prevent any medical conditions or pathologies, nor prescribe medicine, nor in any way represent herself as doing so. The services of a chiropractor cannot replace those of a licensed physician. For any medical condition, you are advised to seek care from an appropriate medical practitioner. Whether you choose to engage a medical practitioner or not to assist you in your care is your right and Dr. Phillips assumes no responsibility for you decision in this matter.

I, the undersigned, assume all responsibility for decisions I make regarding my health, recognizing that (a) no claims are made that acupuncture, herbal, nutritional, or dietary recommendations can treat or cure any medical condition, (b) all recommendations are given for informational purposes only, (c) there is no implied or stated guarantee of success or effectiveness of any specific acupuncture, dietary, nutritional, or herbal recommendations, (d) I am free to act upon or disregard the recommendations of Gloria Phillips and the Office of Gloria Phillips, D.C. from all responsibility for my actions and any consequences thereof in the present time and in the future with no constraints. I hereby affirm that I consent and agree to the above statements of my own free will and request to engage in the services offered by Gloria Phillips, D.C. and participate in a professional relationship with him pursuant to the statements herein.

Name (print) _____

Name of child for whom I am a parent or legal guardian _____

Signature _____ **Date** _____