

## Office Policies

- ✓ We offer email reminders, text reminders, and/or phone reminders for appointments, but ultimately, I accept that it is my responsibility to remember my appointment and be on time.
- ✓ I understand Rehl Chiropractic has a strict 24-hour cancellation and reschedule policy, and a full fee no show policy. *The following fees apply to **all** patients. Those submitting to insurance will have to pay out of pocket.*
- ✓ **Late cancellation or late rescheduling fee** (less than 24 hours' notice)
  - **10-30 minutes appointments** - \$35
  - **40-60 minutes, new patient appointments** - \$45
  - **Ultimate Combo (double new patient appointments)** - \$100
- ✓ **No Show Fee = full appointment fee** – (Examples: Regular = \$97, New patient exam \$259, etc.)
  - **What Happens:** After a no show, we will charge your most recently used card on file. As a courtesy, we will try to contact you first to see which card you would like to use.
  - **How to Reduce the Fee:** After the no show fee has been charged, you can reduce the fee by rescheduling and completing your appointment within 7 calendar days of the missed appointment. When you do this, you will pay only the reduced no show fee at your appointment.
  - If you complete the appointment in time:
    - **10-30 mins appointments** - \$65-145 no show fee is reduced to \$35
    - **40-60 mins, new patient appointments** - \$194-291 no show fee is reduced to \$45
    - **Ultimate Combo (double new patient appointments)** - \$518 no show fee is reduced to \$100
  - If you miss the deadline, you will pay for your next session at the normal rate, but you must pay before the session. No discounts are applied to no show appointments or the corresponding rescheduled appointment.
- ✓ Arriving late: If I arrive late, I *may* receive a shortened session as the next patient has a scheduled appointment as well. If I arrive so late that I miss my appointment, I have the option to reschedule for a later time that same day or another day, but I will be subject to the \$35 late rescheduling fee.
- ✓ I hereby authorize REHL CHIROPRACTIC to initiate payments that I verbally authorize from my credit card or debit card for payment of services, products, no show fees, and late cancellation fees provided by REHL CHIROPRACTIC. I authorize REHL CHIROPRACTIC to initiate payments from my most recently used credit card if they cannot get ahold of me to secure payment of the appointment fee after a NO SHOW appointment.

**I have read the above policies. I understand them and agree to follow them.**

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_