Palmer Family Chiropractic

Office Policy

We believe that a clear definition of our office policies will allow you, the patient, and us, the doctor and staff, to concentrate on the big issue of REGAINING AND MAINTAINING YOUR HEALTH.

FRAGRANCE POLICY

Due to health concerns arising from exposure to scented products Palmer Family Chiropractic is a fragrance free office.

CELL PHONES

Cell phones are distractive to you, other patients and the Doctor and Staff. Cell phones are to be turned off before entering the office and are not permitted to be used within the office.

APPOINTMENT POLICY

Multiple appointments have been scheduled according to the severity of your condition and the program of chiropractic care that the doctor feels is best for you. These appointments have been scheduled for your convenience, to minimize your time in the office and to facilitate incorporating these appointments into your daily routine. It is up to you to call and reschedule your appointment so that you maintain your visit frequency and treatment program for any given week.

We appreciate 24 Hours Notice for rescheduled appointments. We do understand that last minute emergencies, family situations and schedule changes do arise but ask that you please call before your appointment time to reschedule your treatment. Missed appointments will be assessed a $25.00 fee. This cannot be billed to your insurance.

114 Water Street, Bldg #3 • Milford, MA 01757 • P. 508-478-2008 • F. 508-478-0922
drpalmer@milfordchiropractor.com • www.milfordchiropractor.com

Palmer Family Chiropractic

PARTICIPATION IN YOUR CARE

Chiropractic is one part of your care program. The Doctor will assign you homework which may include but is not limited to postural suggestions, nutritional support, exercise therapy, lifestyle modifications and other therapies. It is your responsibility to listen to, perform and embrace these home care suggestions. You will only be as successful as your commitment level to the program while in the office and out of the office.

FINANCIAL POLICY

All payments are expected at the time of service. You are ultimately responsible for full payment for any services rendered.

Returned checks will be charged a service fee of $25.00. If we receive a returned check we will no longer be able to accept checks as a form of payment.

We ask you to sign this form as acknowledgement that our Office policy was explained to you, that you understand it and you accept full responsibility.

Thank you.
Dr. Palmer and Staff

Name: _____ **Date:**_____

Signature: _____

114 Water Street, Bldg #3 • Milford, MA 01757 • P. 508-478-2008 • F. 508-478-0922
drpalmer@milfordchiropractor.com • www.milfordchiropractor.com