

VERMONT LASER CHIROPRACTIC OFFICE POLICIES

FINANCIAL RESPONSIBILITIES:

1) Patients are ultimately responsible for all charges incurred. Payment is due at the time of service via cash, check or credit/debit card (VISA, MasterCard and Discover). Payment plans must be discussed with the doctor. PI or VTWC cases will be taken at the doctor's discretion.

2) In the event that you must be taken to collections for your unpaid balance, you agree that your BALANCE IS DOUBLED. This will allow the doctor to be paid in full as the collection agency takes 50%. You further agree for VLC to charge 2% compound interest per month on any unpaid balance greater than 30 days past due.

SCHEDULING:

24 hours' notice is expected for all cancellations or rescheduling. Emergencies deemed legitimate from the doctor may be excused at the doctor's discretion. Patients will be charged \$40.00 PER 15 minutes of scheduled time missed. Habitual short notice cancellations and missed appointments may result in your dismissal as a patient.

All established patients get ONE excused absence during their lifetime for whatever reason. After that VLC charges for all non-emergency missed visits as above. VLC strives to be on time and expects the same from our patients. If you are late it will cut directly into your visit, not the patient scheduled after you. Please be ready at the start time of your appointment.

PATIENT CARE:

1) VLC can make no guarantees regarding the outcome of your care. However, VLC pledges to be honest, thorough and fair with our examination, treatment, and treatment plans putting our patient's clinical needs first.

2) Patients agree to follow through on the minimal treatment deemed necessary by VLC to ensure the patient's condition is stable enough to safely reduce care from acute to supportive. If not, patients who withdraw from treatment prematurely knowingly put themselves at risk of exacerbations, recurring problems and/or poor short and long-term outcomes.

3) VLC's clinical goal is to stabilize your condition and transition you to supportive care, which is care required to maintain your improved baseline. VLC may choose to refer you for co-treatment with other trusted providers in order to achieve these goals in order to not under-treat as well as not over-treat your condition. Your cooperation is appreciated as improving your health naturally as fast and efficiently as possible is VLC's ultimate goal.

I, THE UNDERSIGNED, HAVE READ AND AGREE TO FULLY ABIDE BY THE ABOVE POLICIES.

Signed: _____

Date: