

KARE CHIROPRACTIC 2022-2023

TO OUR PATIENTS REGARDING CANCELLATIONS AND NO-SHOWS

We would like to thank you in advance for choosing us as your chiropractic health provider. To provide you and our other patients with the best care possible, we request that you follow our guidelines regarding missed and/or cancelled appointments.

The following constitutes our policy for cancellations and no-shows. We take this subject seriously and we ask that you read the policy and ask questions for clarification if necessary. It is understood that last minute cancellations are all a part of our changing lives however, we ask that you use courtesy in managing your scheduled appointments with us. These are the guidelines we will use for cancellations and no-shows.

NO SHOWS FOR DR. LIFORD APPOINTMENTS:

An appointment can be cancelled 3 hours prior to the start-time for the appointment, through a phone call to the office, without a cancellation charge. This hopefully allows enough reaction time for us to possibly honor any waiting lists for the day to offer your cancelled time slot to another patient that desires to get their treatment completed. Any **cancellations occurring less than 3 hours prior** to the appointment are subject to a **non-refundable cancellation fee of \$45**. This charge will not be covered by your insurance and will have to be paid by you personally. For Workmen's Compensation and Personal Injury patients, documentation of any missed appointments is forwarded to your insurance case manager and attorney. Missed appointments could jeopardize your claim.

If you wish to substitute a person in your place for an appointment, that is an available option, to avoid any additional fees. If, however, your "*substitute*" either cancels or no-shows, then you may still be responsible for any fees applied. Any additional fees will be applied to your account and is expected to be paid prior to your next scheduled appointment.

PLEASE CHECK ONE:

- I give Kare Chiropractic permission to provide me with a reminder text and/or email regarding my care 24 hours before my scheduled appointment.
- Preferred Phone number: _____
- Preferred Email Address: _____
- No, I do not want a reminder text and/or email. I am aware there is a \$45 charge for cancellation or no-show without proper notice and will take full responsibility.

Thank you for cooperating with us on this matter. We are looking forward to working with you.

Patient Signature: _____

Date: _____