

Abel Chiropractic's Cancellation, Late, & No-Show Policy

At Abel Chiropractic, we emphasize high quality chiropractic care and health services with appointments reserved specifically for you. Due to our dedication to your health care, we often have a waiting list for appointment times. If you cancel on short notice, do not show up, or show up very late- it is a lost opportunity for another patient.

We understand unanticipated events happen occasionally in everyone's life and we will take that into consideration, however in our desire to be fair to all patients and maintain a viable practice, the following policies are honored.

Thank you for allowing us to be a part of your health care team! We appreciate your understanding and support.

CANCELLATIONS

We ask that you please notify the office with a minimum of 4 hours in advance of your scheduled appointment if you need to change or reschedule. This ensures we best assist those patients who are waiting for care. To reschedule or change your appointment, please call (319) 389-5885. If you do not reach someone from the office, you may leave a detailed message on the answering machine.

If you are unable to give us the full advance notice for appointments, **you will be charged half of the scheduled appointment price. Due before your next appointment.***

LATE ARRIVALS

If you are running late, please call our office to reschedule. Your appointment will likely be shortened to accommodate those whose appointments follow yours. On occasion, we may be able to work-in late arrivals; however, this is at the discretion of our staff. Regardless of the length of the treatment given, **you will be responsible for the "full" appointment.** If you arrive more than 5 minutes late, we may ask you to reschedule. If this occurs, it will be **considered a Missed Appointment.**

NO SHOW/MISSED APPOINTMENT

Anyone who either forgets or consciously forgo their appointment for whatever reason will be considered a "No-Show" and **will be charged the full amount of their missed appointment.***

Three or more No Shows or Missed Appointments may result in the patient being released from care. We have the right to dismiss from care at any time.

*Exclusions to any Missed Appointments include death, severe illness, and as always are at the discretion of the Abel Chiropractic Staff. We have the right to determine exclusions on a case-by-case basis.

I have read, understand, & consent to Abel Chiropractic's Change of Appointment, Late, & No Call, No show Policy. I _____ do agree to give the office notification of appointment rescheduling or cancellation 4 hours prior to my scheduled appointment. I understand that I am responsible for maintaining my appointment time & for proper notification of appointment changes and that if, for circumstances excluding emergencies I am unable to notify or fail to maintain my appointment that actions will be taken as described above including being charged a fee and/or dismissal from care.

Signature _____ Date _____