

Mountain Spring Chiropractic Center, Inc.
1569 Jefferson Highway Suite 105
Fishersville, Virginia 22939
540-943-0022

CANCELLATION/NO SHOW/HABITUALLY LATE POLICIES

CHIROPRACTIC/MASSAGE

CANCELLATION POLICY

Due to the inability to schedule other patients in a timely manner we require a 24 hour cancellation notice. Failure to contact us before the 24 hour period will result in you being charged the full amount of the services you were scheduled for. If there is an emergency or unforeseen incident, then the fee may be waived at the discretion of the service provider

RESCHEDULING POLICY

If you frequently or repeatedly reschedule your appointment within a 4 week period there will be a fee equal to half your fee schedule for that missed appointment. If there is an emergency or unforeseen incident, then the fee may be waived at the discretion of the service provider.

CONSECUTIVE NO SHOWS (2nd time dismissed from care)

Due to the disruption of services and inability to schedule other patients in a timely manner **you will be charged the full massage session or adjustment price for a NO SHOW.** It makes it very inconvenient for our service providers and other patients that want the care but may have been unable to schedule because the appointment time was unavailable.

HABITUALLY LATE (3RD time in a 90 day period)

Due to the disruption of services if you know you are arriving later than your allotted time slot we suggest that you **call and reschedule** unless receptionist tells you to keep coming. If you are too late for your allotted time slot 3 times within a 90 day period you will be charged the full price for what will be considered a missed appointment.

We appreciate your understanding of these policies as they are put in place to help others be considerate to all our patients so everyone can receive the care they need.

I have read and understand the policies stated above and will be responsible for any charges I may incur by not following these policies as written.

Continual cancellations, reschedules, or habitual lateness may result in dismissal from care.

Patient Signature _____ Date _____

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