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## **OFFICE POLICIES**

### **Welcome to Body Tune-Up**

The purpose of these agreements is to allow us to more completely serve you and to get the best results in the shortest amount of time. It is our experience that those patients who adhere to the following agreements get the best results.

#### **Patient Policy: Signing In**

When you arrive to our office, please sign in. You will be called in the order you signed in, and will be asked to carry your chart to the open adjusting room. Please proceed directly to the open adjusting area and choose the appropriate table. Place your file on the side table and lie face down on the adjusting table. Rest and relax, the doctor will be with you as soon as possible. Please make sure that you do not place anything on the floor as this can cause a hazard. Furthermore, any items placed on the floor could be stepped on and broken.

#### **Patient Policy: Extended Consultations: Spinal Care**

It is mandatory that all patients attend our extended Health Consultation Workshop. This consultation explains how the body functions, how chiropractic works and how results are produced. Family and friends are always welcome. There is no charge for the consultation. If you are not able to attend, extra time will be set aside on one of your visits and there will be an additional personal charge.

Seminars and lectures on different aspects of health care are often scheduled and may be attended at no cost. Please bring family and friends. Look for announcements regarding these programs. The extended consultation is, in part a workshop and we ask you to bring a partner to assist in the procedures we will teach.

#### **Patient Policy: Payment of Bills**

We will expect you to honor the financial agreement that you make with our office. If you find that you cannot fulfill the agreement you've made with us, advise our staff immediately so a new arrangement can be made. We do not bill patients. It is our policy that patients not have a cash personal balance owing.

Insurance companies will be billed. Any checks sent to your home by the insurance company should be brought or sent to our office within three days. Please also send the attached stub to indicate which services were paid. Failure of the patient to make payment of an overdue account or to otherwise communicate will result in unnecessary upset.

**Patient Policy: Missing or Changing Appointments**

We have set up a specific course of treatment for you. A certain number of treatments in a set amount of time is required for us to get the results we both desire. Thus, if you need to change the time of your appointment, plan to come another time the same day. If the same day is not possible, be sure to make up the missed appointment on your make-up day. We ask that you give us a 24 hour notice on all appointments that you will be unable to make so that we may find the most appropriate time to make the appointment up. If a 24 hour advance notice is not possible please let us know at the earliest time.

**Patient Policy: Progress Evaluations and Re-Examinations**

During your treatment series, progress evaluations and check-ups will take place. The fee for these services should be paid for according to the payment agreement made with our office. Following your progress evaluations you will be scheduled for a progress report, at which time the Doctor will discuss your progress with you. Special time will be set aside for this report so that the doctor may adequately explain your progress to you.

**Patient Policy: Nutritional/Food Supplements**

Nutritional/food supplements should be taken if recommended. Any problems you may have with these recommendations should be communicated. We do not prescribe, but will make recommendations to help speed your recovery. You are expected to pay for nutritional/food supplements at the time of purchase.

**Patient Policy: Upsets**

We are here to serve you. Please speak with the Doctor about any upsetting matter. We see your comments as helping us to help you and others.

**Patient Policy: Hours**

The Doctor has specific office hours. The receptionist will schedule your appointments accordingly.

**I have read the above and I understand and accept these policies.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date