

OFFICE POLICY

Welcome to Dr. Yoshida's Office. Dr. Yoshida and the entire staff are dedicated to providing you with the finest in chiropractic health care! Please take a moment to acquaint yourself with our office policies. Our policies are designed to enhance your doctor patient relationship.

APPOINTMENTS: For your convenience, patients are seen on an appointment basis. We respect that your time is valuable too! Kindly give 24 hours advance notice, when possible if you must reschedule or cancel an appointment. If you do not call to reschedule or cancel prior to your scheduled appointment you may be billed for the scheduled treatment. Leaving a message is acceptable.

_____ (initial) (date) _____

WALK INS: We do our best to accommodate those in acute pain. Please do not abuse this service.

LATE PATIENTS: If you come in after your appointment time you may have to wait for an opening.

AFTER HOURS: Dr. Yoshida's after hours fee is \$50.00 in addition to services rendered. Please leave a message at the office as Dr. Yoshida checks the messages regularly. Please respect the doctor's private time and do not contact them at their home unless it is an absolute emergency.

FINANCIAL ARRANGEMENTS: Payment for care is due at the time of service-cash status. Exceptions must be agreed upon in writing prior to treatment. Cash, checks, Visa, and MasterCard are accepted.

INSURANCE: We are members of several insurance panels and may have arrangements with your carrier. Copays and deductibles are paid at the time of services after benefits are determined. Until insurance benefits are verified by our staff, you are considered a cash patient. If we are unable to obtain reliable information from your carrier, we cannot take assignment on your insurance; however, we will be happy to provide itemized bills. Acceptance of assignments is a courtesy representing a 60 day line of credit. You must understand and agree that health insurance policies are an agreement between the insurance carrier and yourself. **PLEASE DIRECT ALL INSURANCE AND FINANCIAL INQUIRIES TO THE BILLING DEPARTMENT, NOT THE DOCTOR.**

FORMS: Forms or paperwork requiring your chart pulled, records reviewed, and a signature are \$20 per page. Forms or paperwork requiring review of chart, form completion, and/or narrative by the physician are \$50 for every 10 minute increment, or part thereof, involving the physician's time.

FAMILY/GUESTS: Unless agreed upon first, it is preferable that adult patients be examined without spouse or guests in the room. It is distracting to the doctor to have more than one person answering questions during the examination. Children are allowed to accompany parents when necessary. We prefer you provide supervision for your child.

CHILDREN AS PATIENTS: Parents are expected to accompany children during examination. No child will be treated unless established as a patient.

NEW CONDITIONS: Please call ahead if you have a new problem when you have a regular follow up visit scheduled. Otherwise we will not have adequate time set aside for a complex visit.

YOUR RECORDS: We must have 24 hours notice to prepare your records for release. X-rays will be released to the patient with 24 hours notice and a signed release by the patient, indicating where they are going.

_____ (initial) (date) _____