

Ruff Chiropractic, LLC Policies and Procedures

Please initial after you have read each of the following:

_____ Mobile Chiropractic Ruff Chiropractic, LLC, is a mobile service. By initialing, you authorize staff of Ruff Chiropractic, LLC to enter the home or agreed-upon location to render services (staff may include students currently being trained under Dr. Shannon Ruff). If location is at a business, you must have proper authorization for Ruff Chiropractic, LLC staff to enter and render services on-site.

_____ X-rays: Upon your initial exam, we may feel X-rays are needed based on your case history or presentation. We refer X-rays out to Upper Cervical Chiropractic of Spartanburg.

_____ Insurance: In an effort to keep costs down and still provide the best service for our patients, we have opted out of filing insurance claims. We feel that our fees are reasonable and fair.

_____ Payment of Bills: Payment is due at the time services are rendered. Our policy is that patients maintain a zero balance. All fees expected of you have been listed and explained. Accepted payments include cash, checks, cards, and Venmo. Checks with insufficient funds will yield a \$20 fee in addition to the fee owed.

_____ **Missed Appointments:** If you find it necessary to change your scheduled appointment, we ask that you do so 24 hours before your appointment. If visit is canceled late or you are a "no show", you must pay for the missed appointment prior to being allowed to schedule a new appointment. We understand that sometimes life happens, so you will be given one free pass for the first missed appointment. Being a mobile service, our schedule is very specifically designed and late cancellations and "no-shows" are more detrimental to our schedule than it would be for in-office visits.

_____ New Injuries: In the event you sustain a new injury, please let the us know when you schedule your appointment. There may be additional paperwork or x-rays required.

_____ *Optional-Text Message Alerts Upon initialing this line, we will send text message appointment reminders to you on your provided cell phone number the morning of your appointment.

I have read, understand, and agree to abide by the above policies.

Patient/ Guardian Signature

Date