

DR. MICHAEL H. ROGERS
OFFICE POLICIES

- 1. HOURS:** Monday and Wednesday hours are **8:30 AM to 12:30 PM and 2:30 PM to 6:00 PM**. Tuesday hours are **2:30 to 6:30**. Thursday hours are **7:00 AM to 12:30 PM and 2:30 PM to 6:00 PM**. *After-hours and emergency appointments can be accommodated for an additional fee of \$25.*

- 2. APPOINTMENTS:** Your time with the Doctor is valuable. We do all we can to stay on time and expect you to do the same. 24 hours notice is required when changing an appointment. **Failing to appear or notify the office of any changes will result in a \$45 fee.** This fee is your responsibility, not the insurance companies. If you miss multiple appointments, we may have to dismiss you from the practice. Missing one appointment during the course of your care typically sets you back about one week. Sequential appointments are for your convenience, and we urge you to use them so as to reach your goals faster. It is our policy to make appointments from one re-examination period to the next, therefore assuring you of obtaining favorable times.

- 3. FINANCIAL POLICIES:** We can only be about your health, not your insurance policy. Treatment recommendations are based upon a mutually agreed upon plan of care. Our business office will discuss with you any financial questions or concerns you may have.

- 4. ADJUSTMENTS:** We want you to relax in the treatment room in order to prepare for your adjustment, and to get the most out of your chiropractic office visit. If you have any new information or questions that require a lengthy discussion, we may not be able to accommodate you at that time. If not we will make arrangements to either discuss it later in the day, or on the phone that evening. **Cell phone signals may interfere with some of our sensitive electronic therapy equipment. We require that all cell phones be turned off in the treatment rooms.**

- 5. DISCONTINUING CARE:** It is not recommended that you prematurely discontinue your treatment program before reaching a stable end point. We realize that there may be certain situations that are going to affect your decision about continued care. If you are experiencing those issues, please discuss them with Dr. Rogers. If it is necessary for you to discontinue care, any and all fees are due and payable at this time.

SIGNED _____ **STAFF** _____ **DATE** _____