Arlington Holistic Health
4304 SW Green Oaks
Suite 150
ARLINGTON, TX 76017
817-274-0351

Office Policies and Agreements

We want you to know that we are committed to providing you with the best possible care. If you have medical insurance, we are interested in helping you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policies and patient-doctor agreements. It is important to understand your insurance is a contract between you, your employer and/or another party and the insurance company. We are not a party to the contract. We file on insurance claims as a courtesy to our patients. All charges and balances are your responsibility from the date services are rendered.

1. **Payment is due when services are rendered** unless prior arrangements have been made. Payments can be made in the form of cash, check, or credit card. There is a $15 service charge on any returned checks. Should a check be returned a second time, this office will no longer accept your personal check, and payment should be made in cash or by credit card.

2. **Insurance Assignment**- Our office does not file to your medical insurance carrier. We will provide you with a detailed receipt for you to file to your own chiropractic insurance claims.

3. End of Year Tax Summary- We will provide you with an end of tax summary for 20$ per hour. Otherwise we will provide you with detailed receipts ON THE DAY OF SERVICE. It is your responsibility to maintain your own records.

4. **Arrival**- When you arrive in our office, please sign in. You will be assigned a treatment room in the order of sign in.

5. **Diets, food supplements, and supplies**- Diets should be followed and food supplements should be taken if recommended. If you have any problems with these recommendations, please communicate them with the doctor. Supplements should be paid for at the time of receipt.

6. **Hours of Operation**- Our office has specific office hours, which vary by days. The receptionist will schedule your appointments accordingly.

7. **Disappoints**- We are here to serve you. Please speak with the doctor about any upsetting matters. We will see your comments as helping us to help you and others.

8. Missed/Canceled Appointments- There is a $10 fee every 15 minutes missed, for the first 3 missed or canceled appointments (without 24 hours notice for 15 minute appointments and 48 hours notice for 45 minute appointments). After 3 missed/canceled appointments the fee is 20$ for every 15 minutes canceled or missed.

Patient Signature_____ **Date**_____