

WELCOME TO TRANSCENDENT LIFESTYLE CENTER, PC

OFFICE POLICIES

Our goal is to serve you with exceptionally competent and prompt service and to provide the best chiropractic family wellness care available. It is our experience that patients who understand and follow these policies obtain the best results and greatest personal benefits. We want the very same for you.

APPOINTMENT SCHEDULING

Your plan of care has been designed to specifically address your needs for spinal and postural reconditioning in order to remove nervous system interference. As you have noticed, **we encourage patients to schedule ahead** so that they get the times best for them. ***If you are running late for an appointment*** please call to let us make the necessary change to our schedule. This will allow us to see you more quickly when you do arrive. **If an appointment must be changed**, 24 hours notice is appreciated. To maintain your healing process, **all missed appointments must be made up as soon as possible.**

After your initial examination and report of findings, your appointments will be short and efficient. The adjustments only take a short time to deliver but the effects are long lasting. Like any professional striving for excellence we are totally focused on providing you the best care that we can. When we are adjusting we stay “in the zone” by focusing completely on you so you may notice that we will refrain from talking about extraneous subjects and in fact we may not talk at all. Our goal is to give each individual the time that they require. If you feel that you need more time with the doctor, please inform us in advance and we will be happy to meet your needs.

FINANCIAL AGREEMENTS

It is your payment that allows us to continue to provide high levels of professional care, maintain our facility, and pay our staff. **Fees for any care provided are due in full when the service is rendered.** We regret that any bounced checks will be charged a \$20.00 fee to cover banking charges. If for any reason you are experiencing financial difficulty, please inform us immediately to eliminate any misunderstandings.

INSURANCE CASES

If you are here because of a work-related injury or motor vehicle accident it is vital that you inform us of this fact. It is also **extremely important** to inform the doctor if you have experienced a work-related injury or motor vehicle accident anytime **AFTER** you have commenced care.

NEW INJURIES OR CHANGE IN HEALTH STATUS

Should you notice any significant changes in the way you are feeling or if you suffer a new injury we ask that you please bring this to our attention. Advance notice is required so that we can schedule the appropriate amount of time to properly assess you. Typically this will require more time than a typical office visit.

PROGRESS EXAMINATIONS

Your care is not based on how you are feeling, but more importantly on how you are functioning and healing. Progress examinations are scheduled on a regular basis to ensure that the best possible results are being obtained. The progress examination is essentially a repeat of your initial exam. Your progress examination results will determine if you are ready to graduate to your next phase of care.

REFERRALS

You are our best ambassadors! The greatest compliment you can give us is the referral of family and friends. If you are pleased with our care and the results you have obtained, please share this information with those around you. We promise to honour your trust and to provide the same high quality of care to your loved ones as we provide to you. Also rest assured that we have the capacity to add new patients to the office without negatively impacting the care we provide to our existing patients. If you feel that there is something we can do to improve our service, please do not hesitate to let us know in person or by a simple written note.

CHILDREN AND FAMILIES

Once you understand that a properly functioning nervous system is necessary for health and healing, growth and development, and every other function in the mind and body and that vertebral subluxation complex causes nerve system interference and dysfunction, we expect that you will want to have your family members checked. The doctor has seen and helped many children throughout his time of education and practice. We extend an opportunity for you to have your family checked **at our expense** within the next 7 days.

HEALING ZONE

Our patients consider our office to be a safe and tranquil place of healing. We strive to keep our environment a healthy place to work and visit. **Please refrain from using your cell phone** while in our office to respect other patients. Also, to respect our environmentally-sensitive patients, **please do not wear scents** of any kind, and **please refrain from smoking** just prior to entering our office.

By signing below I hereby acknowledge that I have read and that I understand and agree to the policies detailed above.

Patient Signature _____ Date _____

Thank you for allowing us to serve you and your loved ones!

