

# BIALECKI CHIROPRACTIC

## NO SHOW POLICY/ FINANCIAL POLICY : AS OF 1/1/2023

Our goal is to provide quality care in a timely manner for our patients. We understand unplanned issues can occur. We schedule our appointments with the doctors to ensure the proper amount of time is spent with each patient. It is important that you are on time for the appointment you are given with Dr Bialecki and/or Dr Krok.

If your schedule changes, please contact the office and we can arrange a different time for you. We request you give at least **24 hour** notice to cancel or reschedule your appointment. A **“No Show” fee of \$35-\$70** will be applied and charged directly to you depending on the type of appointment it is. The fee at any point can increase without prior notice. The “No Show” fee is not reimbursable by your insurance company. If you are more than 15 minutes late to an appointment, you may be asked to reschedule (which a fee may be applied) or you may have to wait for the next available time that day or another day.

Our office may decide to terminate its relationship with you if there is consecutive (less than 24 hr notice) cancels and/or no shows.

### NO FAULT & WORKERS COMPENSATION PLANS:

You are responsible for providing Bialecki Chiropractic with the information related to your case so we can properly submit for charges. The fees mandated by New York State No fault and Workers Comp will be changed to reflect our contracted fees and you will be responsible for payment. If you have private insurance, it may be possible to charge depending on coverage of chiropractic care plan with your insurance.

### CREDIT CARD ON FILE AGREEMENT- EFFECTIVE 1/1/2023

Bialecki Chiropractic has implemented a new credit card policy. Recent changes in health markets and payment processes have altered insurance coverages to shift the cost of care to our patients.

The credit card information will be collected by front office and kept confidential. If no card on file we may request you pay over the phone any balance before scheduling your next appointment. Bialecki Chiropractic is authorized to charge the account for any appointments missed without the 24 hour notice of cancellation or rescheduling.

**\*\*Let the office know how you would like to provide this information\*\***

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_