

**Petett Chiropractic**  
**10622 SE Carr Rd. Suite A**  
**Renton, WA 98055**

**OFFICE POLICIES**

- Please be on time for your appointment. Being late or cancelling an appointment at the last minute causes severe scheduling disruptions, which can interfere with the quality of care you and other patients receive.
- Continuous cancellations or missed appointments may result in the patient being released from care. If you need to reschedule an appointment please give us advanced notice so that we may offer your appointment time to another patient.
- Children are welcome at Petett Chiropractic as patients. If you bring your children with you to your appointment, you are responsible for their actions at all times. Our staff will be glad to assist you with your well behaved children.
- We may schedule you for multiple appointments. This will help ensure convenient appointment times for you, as well as provide you with the highest level of care possible.
- If you need to spend extra time discussing your health concerns with your doctor, please let our staff know so we may schedule your next appointment accordingly.
- Please notify your doctor of **any** changes in your health, regardless of the significance.

**FINANCIAL POLICIES**

- We accept the following forms of payment: cash, personal checks, debit cards, Visa, MasterCard
- Payment is expected at the time of service for copayment, co-insurance, deductibles, and patient balances.
- We will bill your insurance company as a courtesy to you.
- The patient is always responsible for the payment of their care. An insurance contract is between the patient and the insurance company.
- Insurance coverage is never guaranteed. If there are any problems between the insurance company and the patient, the latter may file a grievance directly with the insurance company. Your signature below assigns assignment to this office for collection of payment and also authorizes this office to release daily chart notes when necessary for the processing of claims.
- Accounts with balances 30 days past due, may be charged a finance fee of 12% per year, compounded monthly.
- Any account with a 60 day limit lack of payment may be sent to a third party collection agency. Any collection fees will be the responsibility of the patient. NSF checks or rejected credit cards will be charged a service fee of \$35.00 per occurrence.
- We do offer a 10% time of service discount when services are paid in full at the time of the visit.
- Your insurance company determines benefits when they receive our billings. Any statements made by our staff regarding your coverage in no way guarantees that your care here will be covered by your insurance company, you will be responsible for your account, regardless of insurance.
- A "no show" fee of \$40.00 for massages will be charged for each appointment cancelled or rescheduled without giving one business day notice.
- We are here to assist you in any way possible. Please make your questions and concerns known to our office staff. We want to ensure that you have an outstanding experience.

By signing below, I acknowledge that I understand the above policies.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent if minor