

Upper Cervical Chiropractic of New York, PC

20 Old Mamaroneck Rd., Suite 1C

White Plains, NY 10605

Telephone (914) 686-6200 Fax (914) 686-6237

OFFICE POLICIES

Office Hours

Our offices and telephones are open according to the following schedule.

Monday: 8:00 a.m. – 8:00 p.m.

Tuesday: 10:00 a.m. – 6:00 p.m.

Wednesday: Closed

Thursday: 8:00 a.m. – 8:00 p.m.

Friday: 10:00 a.m. – 6:00 p.m.

Scheduling an Appointment. We attempt to schedule appointments to accommodate our patients' needs. The welfare and consideration of our patients is our primary concern. We do not overbook appointments and keep you waiting for long periods to be seen. We do spend time getting to know our patients, answering their questions and educating them for achieving maximum results in the shortest possible time. We also make every effort to see patients at scheduled appointment times, as we realize that your time is valuable.

Canceling an Appointment. If you cannot keep your appointment, please give us at least 24 hours notice. This courtesy on your part will make it possible to give your appointment to another patient. We reserve the right, at our discretion, to charge you \$15 for each missed appointment. Additionally, if you will be unavoidably late for your appointment, please call us to let us know. If you arrive very late, we may need to reschedule your appointment.

Insurance Policy. Our Patients tend to be health conscious consumers who do not make all their health care choices on what is covered by insurance. Some of the state-of-the-art tests and procedures that we provide may not be covered by individual insurance policies. We do not accept insurance or file your paperwork. We do however act as a resource to help you obtain the information you need from us to file your insurance forms. Please inquire with the office staff for further information.

Payment For Services. Unless other arrangements are made, payment for services is due at the time of your visit. We will accept cash, major credit cards, and personal checks for payment. For other payment arrangements, please see our office manager prior to your appointment.

Confidentiality. Your medical information is strictly confidential. We will not release it to anyone without your written consent. A family member may, however, accompany you to your appointments if you wish. If you want a copy of your records sent to another doctor, we will require a written authorization from you. As required by law, you will receive a separate notice of our Privacy Practices.

Signature _____ Date _____