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|  | 244 East Broadway  Eugene, OR 97401  541.338.7088 (o) 541.345.3559 (f) |

Dr. Bove Office Policies

Welcome. These policies help us to provide you with the best care possible.

Please ***initial*** each statement and sign below to indicate your agreement.

\_\_ **Arrival Time**: Tensegrity strives to maintain a no wait office. I will arrive 5 to 10 minutes prior to my appointment time in order to complete my chart note and get settled in the treatment room.

\_\_ **Insurance Billing**: I understand that Tensegrity verifies my benefits as a courtesy; however, I take responsibility for being aware of my benefits and exclusions and for tracking my usage of such benefits. I understand I am responsible for all charges for dates of service during which I am ineligible for insurance or my insurance premiums are not paid and current.

\_\_ **Accidents:** If my condition is related to a motor vehicle accident or is related to a worker’s comp claim, I will notify the office to ensure the correct procedure can be followed and the appropriate insurance is billed.

\_\_ **Cancellation and No Shows**: In the event I need to cancel an appointment, I will provider 24-hour notice by telephone. If I do not provider 24-hour notice for non-emergency, I agree to the charge of $45 for the first and second instance. Further short cancelations and no shows will be charged the full price of the appointment.

\_\_ **Reminder Calls**: I acknowledge that reminder calls are a courtesy. Failure to receive or retrieve a reminder call does not excuse subsequent failure to show up for an appointment. If I prefer not to receive reminder calls, I will notify the front office.

\_\_ **Cell phones**: I will refrain from talking on my cell phone in the clinic. Unless there is an urgent need, I will silence my cell phone when I arrive.

\_\_ **Clothing:** For acupuncture, I will wear or bring comfortable, loose fitting clothing that can be moved above my knees and elbows.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS STATED IN THIS CONTRACT.

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Signature Printed Name date