

Active Chiropractic Wellness Center, LLP
Dr. Candice Koch, D.C.

OFFICE POLICY

Welcome to our office! Our goal is to serve you with exceptionally friendly and prompt service and provide the best family health care available. We believe that a clear definition of our office policies will allow both you, the patient, and us, the doctor, to concentrate on the big issue - REGAINING AND MAINTAINING YOUR HEALTH!

Office Hours: Monday 9 am - 6 pm
Tuesday 8 am - 6 pm
Wednesday 8 am - 6 pm
Thursday 8 am - 2 pm
Friday CLOSED
Saturday 9 am - 1 pm Only select Saturday's
Sunday CLOSED
Hours are subject to change.

**PLEASE READ AND INITIAL EACH ITEM, INDICATING YOU
HAVE READ AND UNDERSTAND.**

APPOINTMENT SCHEDULING

Dr. Candice has designed a specific course of action for you to allow proper care, a must for spinal and postural correction. A special amount of time has been set aside for you personally. When entering the office on any given visit, please proceed to the front desk and "sign-in". We attempt to honor all appointments at the scheduled time, however on some occasions some patients do require additional care that may extend their appointment time. Please understand that we will give you the same consideration if needed, and we will do our best to keep to the time scheduled. If, for some reason you arrive exceptionally late for your appointment, you may be asked to reschedule in order for our office to facilitate everyone.

Initial

MISSED OR CANCELLED APPOINTMENTS:

We ask that you please notify our office within 24 hours of your appointment time in consideration of others who also need treatment. This office reserves the right to charge a \$40 fee for missed appointments and those not cancelled without 24 hours notice.

Initial

WINTER WEATHER & SCHOOL CANCELLATIONS:

If surrounding school districts are closed due to inclement road conditions, Active Chiropractic Wellness Center may also be closed. If you are in question on your appointment day, please call our office and listen to the recording in regards to that particular day.

Initial

I have read and understand the above stated policies.

Signed _____ Date _____