

FirstHealth **OF ANDOVER** PC

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www.FirstHealthofAndover.com

OFFICE POLICY

Welcome to FirstHealth of Andover PC!

Motivating our patients' interests and revitalizing their ability to heal are at the center of our philosophy. We help you maximize your body's potential to heal, discover hidden possibilities for wellness, and enjoy the benefits that hope and balance can bring to your life.

Since you are a new patient, we want you to be fully informed from the beginning of our policy regarding payment for services rendered. We have found that this is the best way to avoid any future misunderstandings.

Payment for Services

All services are rendered on a pay-as-you-go basis. This means that you are expected to pay for services on the day that care is given. You may pay by cash, check, or credit card.

Telephone Policy

We strive to return all of your phone calls before the end of each business day. In order to accomplish this, we must limit our callbacks to five minutes. If your concerns cannot be addressed in that time frame, a follow-up appointment or phone consultation can be arranged.

Cancellation Policy

Please note that we must charge for missed appointments. If you reschedule with less than 24 hours notice, you will be charged a cancellation fee. If you miss an appointment without notifying the office 24 hours in advance, you will be charged the full appointment fee.

This policy is enforced for a number of reasons. For instance, given notice we can fill the vacancy with someone else who is in need of treatment, but who had to wait because our schedule was full. We often have a waiting list for immediate attention and a missed appointment means a waste of valuable care. We receive messages 24 hours a day. If you need to cancel a Monday appointment, you can call and leave a message on Saturday or Sunday *as long as it is 24 hours before your scheduled appointment.*

We're glad to welcome you to FirstHealth of Andover and look forward to a continuing relationship in good health.

Signature: _____ Date: _____