

Welcome to Roselle Center for Healing

The Doctors and Staff are very pleased that you have chosen us for your health care needs. The following is a list of our procedures and office policies that will help you get acquainted with us.

1. Always sign in at the front desk.
2. All patients are **encouraged to attend a Health Care Class**. Please make sure you register at the front desk before your third appointment. **Initials:** _____
3. **There is a charge for missed appointments**. You will be charged \$50.00 per practitioner that you have scheduled on that day. We ask that you call if you need to cancel and or reschedule an appointment at least 8 hours prior to your appointment time. **Initials:** _____
4. Missed Massage appointments will be charged at full price if not cancelled **within 24 hours**. **Initials:** _____
5. If for some reason you must reschedule an appointment, that appointment **must be made-up within a 7 day period** in order to keep the integrity and success of your program of care. You will not be charged the cancellation fee if you reschedule and **keep your appointment** **Initials:** _____
6. **Payment is expected in full at time of visit**. We have financial arrangements available. If you want more information, please notify our receptionist. **Initials:** _____
If you decide to discontinue care, the balance on your account is due and payable in full immediately
7. We **do not** participate with any insurance company, however most insurance companies do cover our services. We will submit your insurance claim as a courtesy. Your insurance company will reimburse you for covered services...
8. If you are currently a Medicare patient and have part B, please present your Medicare card at the front desk. Please be advised that it is your responsibility to inform this office if and when you become eligible for benefits or if any changes have been made to your coverage. **Initials:** _____
9. **Supplement/Vitamin Policy**- Refunds on unopened supplements within one (1) week of purchase. **NO** Refunds on opened supplements. **Initials:** _____

Supplements purchases are only for our current patients. We are prohibited by law to dispense supplements to a patient that is inactive for three months or more.
10. **Chemical Sensitivity**- Please be considerate of our chemically-sensitive patients. We ask that you refrain from using, perfumes, heavy deodorants, and Nicotine/Smoke prior to your scheduled appointments.
11. **Cell Phones**- We ask that you do not use your cell phones in our office. Several of the machines we use for therapy are affected by the radio waves. If you need to answer or make a phone call, please step outside to the lobby of the building.

We are here to serve you. Please let us know how we can improve on our delivery of service.

Patient's Signature: _____ Date: _____

I have read and understand the above information