Janis Chiropractic & Wellness Center (DR. ALEX JANIS, PLLC) 4803 S Old US HWY 23 Brighton, MI 48114 (810) 229-6390

CANCELLATION/LATE ARRIVAL/NO-SHOW POLICIES and EMAIL-APPOINTMENT REMINDERS

We require a minimum of a 24 hour notice to cancel an appointment.

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all patients, the following updated policies are honored:

Cancellations:
Please understand that other patients may be competing for your appointment time. In order to be courteous to them and to us, **please give a minimum of a 24 hour notice to cancel** your appointments. Except for emergency situations, missing an appointment without proper notification may result in our associated Adjustment or Massage fees added to your account. All fees must be paid before another appointment will be scheduled.

Late Arrivals:
If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, The Doctor and/or your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "Full" session. Out of respect and consideration to your therapist and other patients, please plan accordingly and be on time.

No-Call/No-Show:
If you do not call ahead to cancel your appointment and do not show up, you will be charged for your entire scheduled appt.

***PLEASE READ BELOW FOR ALL CHARGES:**

Massage/Manual Therapy Cancellation (Did not allow full 24 hour notice): You will be charged the full length of your scheduled massage fee. (15min = $15, 30min = $30, 45min = $45, 60min= $60)

No-Show Policy- Chiropractic Adjustment Appointments $25

A NO-SHOW appointment fee of $25 will be charged to you for any missed Chiropractic appointments.
First offense-No charge, graceful warning Second (+) offense-$25

No-Show for Scheduled Adjustment with Massage/Manual Therapy= $$$ Time of Therapy
In addition to your missed Chiropractic Adjustment, you will also be charged the price of your scheduled Massage/Manual Therapy appointment. (Example: You were scheduled for an Adjustment and a 30 minute Massage/Manual Therapy, your charges are: $25 + $30= $55 Fee for missing your appointments)

I, _____, Date of Birth: _____/_____/_____,
(PRINT LEGAL FULL NAME)

Have read or had read to me Janis Chiropractic and Wellness Center's policies regarding NO-CALL/No-Show, Cancellation and Late Arrival Appointments, and agree that I fully understand these policies and all of the charges they entail.

☐**YES**, I would like to provide an email address to have an email sent to me with a reminder of my appointment (Date and Time) and I understand the fees above.

***Email*: _____**
(Your email will not be shared with anyone, and is only used for the sole purpose of appointment scheduling, office notifications such as time-off, and emergencies.)

☐**NO**, *Please do not send me an appointment reminder and I understand the fees above.*

_____ _____/_____/_____
Signature (Patient or Representative/Guardian) ***Today's Date***

Office use only ☐*AS* ☐*OL* ☐@(AR)Card_____*staff*