

Office Policies and Procedures

Initial Appointments:

- All initial paperwork must be completed, signed and received by our office the day of your scheduled appointment or your appointment may be cancelled.
- Any changes in scheduled first appointments must be made at least two business days in advance. **Missed or late changed appointments will be charged at the full visit rate.**

Cancellations and Changes:

- If you cannot keep a scheduled appointment, you must notify us a minimum of one business day prior to your scheduled time, or you will be charged for the missed appointment.
- Patients who forget their appointment or cancel less than one business day prior to their appointment will be required to pay for the missed visit. Please understand that a missed appointment could have gone to another patient. Reminder texts & emails from our office are made as a *courtesy*; patients are responsible for their scheduled appointments.

Your Visits and Insurance:

- I am a participating provider of Blue Cross/Blue Shield of Rhode Island. If you have a deductible that **has not been** met than you are responsible for the amount the “Explanation of Benefits” says. If your deductible **has been** met than your co-pay falls under the “Specialist Visit.”
- I am a **non-participating provider of Medicare**. This means that you are responsible to pay at the time of the visit and I will electronically submit a claim for you. Medicare may reimburse you for your visits. I say “may” because after dealing with Medicare for 15 years, I can honestly say I have no idea what they’re going to do.
- I am **not a provider of any other insurance plan**, I can at your request, submit a superbill to your insurance which they may or may not reimburse.
- Neuro-Emotional Technique (NET) and Nutritional Muscle Testing **are not covered by insurance**.
- My private pay fee for chiropractic services is \$50.00 (approximately 15 min session). If you would like to make an appointment for NET or Nutritional Muscle Testing the fee for those services is \$50.00 each (approximately 15 min session). If you would like to receive a combination of services (2 services maximum) my 30 min fee is \$100.

Supplements:

- Recommended whole food supplements or herbs are a separate fee from the services that are provided.
- You may return supplements within 30 days of purchase that have not been opened and are in resalable condition.
- Special order items cannot be returned.

Payment:

- Payment is due at the time of your appointment, unless alternate financial arrangements have been made.
- Accepted methods of payment are: Cash, Check or Charge. Returned checks will incur a \$25.00 fee.

I have reviewed, understood and agree to abide with the office policies and procedures stated above.

Name: _____ Date: _____

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