



First Choice Family Chiropractic, L.L.C.
1713 Dawson Road
Albany, GA 31707

Mission Statement

“To educate and adjust as many families as toward optimal health through natural, effective Chiropractic care. We also make it a policy to not let finances become burden or a barrier to receive the care you need.”

Welcome to our office! Our goal is to serve you with exceptionally friendly and prompt services and provide the best family health care available. In return you will receive restored health. It is our experience that our patients who follow these simple guidelines obtain the best results and greatest benefits to their health.

Office Policies

Appointment Schedule:

For your convenience and to ensure prompt, reliable service, we strongly urge that you pre-schedule all your appointments. **24 hours' notice is requested to re-schedule an appointment.** Appointments not canceled with adequate notice will be charged accordingly:

- Missed Chiropractic appointment fee is \$25
- Missed Massage appointment fees are \$15.00 for ½ hour, \$30.00 for 1 hour or \$60 for 90 min appts.

Your commitment to keeping your appointments is your part in the correction of your problem and the restoration of health. Therefore, more than (3) three missed appointments is grounds for dismissal of care.

Children and Family:

Once you understand how the nervous system controls and coordinates all functions in the body and that subluxation interferes with nerve flow, we would expect that you would want everyone in your family checked for subluxations. We have cost-effective family programs for you. **We would be happy to schedule appointments for their check-ups today!**

Interruption of Care:

In the unlikely event it is necessary to discontinue with care, for any reason, any outstanding balance or fees will be due immediately to eliminate any misunderstanding.

Remember...

Healing and spinal correction takes time. If at any time during your care you do not feel that you are responding as well as you expected, please discuss it with Dr. Katrina. We want you to get the most from your Chiropractic Care!

Referrals:

The greatest honor a patient can give their doctor is a referral of their family and friends. We promise to give your loved ones the same quality, love and attention that you receive. We also want to thank you in advance!

I have read and understand the above policies and agree to abide by them.

Signed _____

Date _____