Chiropractic Etiquette & Policies

Scheduling an appointment at ***Agasar Family WellCare at Inner Spa*** means time is reserved in your name, just for you.

Appointment Policy. At the time an appointment is reserved, we ask that you complete the New Patient Packet prior to your initial session. We also ask that you bring any recent x-rays or MRI and blood work reports you may have so we can refer to them as part of our case history.

Your initial assessment will take 45-60 minutes, so please allow sufficient time when scheduling your initial session. In order to get the best possible initial assessment, we ask that you wear comfortable clothing that you can easily move in. Multiple layers or bulky items make it more difficult to complete your initial assessment.

Cancellation Policies and Charges. Important: All appointment changes must be made by **PHONE**. Please call the center directly at 215-550-6502. We understand that life happens--emergencies or unforeseen circumstances may arise throughout the day. Dr Jerry may consider a one-time waiver of fees for less than 24 hours' notice. However, we kindly request the courtesy of giving us as much advanced notice as possible.

Cancellations made with less than 24 hours' notice may incur a $40 fee only if we are unable to fill the appointment. No call/No show will incur a $40 charge to your card on file.

We greatly appreciate your cooperation and consideration in helping us manage our schedule and better serve all our clients.

Arrival Times. Please arrive 5-10 minutes prior to your scheduled appointment time. First-time patients should arrive with completed paperwork or a minimum of 30 minutes prior to complete this.

Late Arrivals. First-time patients who arrive late and/or do not have completed paperwork at the time of the scheduled appointment may need to be rescheduled as special time is allotted for initial sessions. Patients who arrive late for an appointment will be seen as quickly as possible in the order in which they arrive. We honor scheduled appointments and value your time and simply ask that you do the same.

Your signature below indicates that you have read and agree with the above chiropractic etiquette and policies.

Print Name: _____

Signature: _____ Date: _____