

RE: Chicago Institute for Health and Wellness Cancellation Policy

Dear Valued Chicago Institute for Health and Wellness Patients:

Thank you for choosing our practice for your health and wellness needs; we appreciate your confidence in our care. It is important to us that you are aware of all office policies and procedures so please read the following policy carefully: ***by signing this document you agree to give our office at least a 24-hour notice prior to your appointment time if you are unable to keep an appointment.*** This not only gives another patient the opportunity to be seen but also allows our support staff to utilize their time most efficiently.

Appointments require time and preparation resources of both the chiropractic physician and the support staff. Our schedule is designed to accommodate the needs of all patients.

Any missed appointments without adequate notice will result in a charge of \$50.00 to your account. We understand emergencies can come up; please let us know immediately when you are unable to keep an appointment due to unexpected circumstances.

We appreciate your understanding and acknowledgement of this policy.

Sincerely,

The Chicago Institute for Health and Wellness Staff

Signature: _____

Printed Name: _____

Date: _____