

# HEIGHTS ATLAS ORTHOGONAL CHIROPRACTIC CLINIC

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Thank you for the opportunity to assist you and your family with your healthcare concerns. Our mission is to provide the highest quality chiropractic care in a caring and compassionate manner. The following are a few items that we would like to share with you in order to make our partnership progress smoothly and allow us to provide you the highest quality healthcare experience.

## APPOINTMENTS

Please notify our office as soon as possible if you are unable to keep an appointment. This allows other patients the opportunity to be seen in that appointment time. Failing to keep appointments and not notifying this office prevents other patients from receiving care, **THEREFORE YOU WILL BE BILLED FOR A MISSED APPOINTMENT. A MISSED APPOINTMENT CHARGE IS \$50.00.** If this occurs three times without prior notification, a physician has justification to dismiss the patient from our practice.

Please allow time for initial or updated paperwork before your appointment. Once the necessary paperwork has been completed, you will be seen.

While we make every effort to provide prompt service, unfortunately, delays may occur. We ask that you do not assume the doctor will see another family member during your appointment time. These requests to care for unscheduled family members unfortunately do take time and cause further delays. If you do have other family members that need to discuss their health care issues, we encourage you to discuss this with the scheduler so additional appointments may be made.

## REFERRALS

Your insurance company may require a referral from your primary care physician for any upcoming office appointments. We reserve the right to reschedule your appointment if you have not obtained the appropriate referral from your primary care physician by the time of your appointment. If your insurance requires co-pay for office visits, this will be collected at the time of your appointment. Co-payments are a contract between the policyholder and the insurance company.

## FINANCIAL POLICY

Payment is expected at the time of your visit for services not covered by your insurance plan. We accept cash, check, MasterCard, Visa and Discover. Credit will be extended as necessary.

## CREDIT POLICY

Requirements for maintaining your account in good standing are:

- 1) All charges are due and payable within 30 days of the first billing.
- 2) For services not covered by your insurance plan, payment in advance is necessary.
- 3) If other circumstances warrant an extended payment plan, our accounting manager will assist you in your request.

The account manager will be able to discuss financial issues prior to your visit or procedure. A statement will be mailed to you every 30 days. We will prepare and file your claim forms to the insurance plan you provide to us. If further information is needed, we will provide an additional report. However, if more than two copies of the same service are requested, there will be an additional charge.

