



**Elana Kaplove DC PA
7035 Beracasa Way Suite #104
Boca Raton, Fl 33433**



Office Agreement

These days, everyone seems to have more things to do and less time available to do them in. Because we know that, we organize our schedule so that waiting time is kept to a minimum, and every patient can be treated in an efficient, safe and courteous manner.

It is important that you keep your scheduled appointments and are on time to insure optimal response to your prescribed treatment plan and for us to be able to measure your response to treatment.

Many patients are treated under a treatment plan that may be requested by your insurance company. Failure to follow your prescribed program may jeopardize your recovery and /or your insurance benefits.

CANCELING OR RESCHEDULING YOUR APPOINTMENT

If you need to change or cancel an appointment, please notify us at least **24 hours** before your scheduled time, so that we can use the time we have reserved for you. We reserve the right to charge an appointment fee for no-shows.

For 1/2 hour or more time slot, we require a secure form of payment due at time of scheduling. We cannot bill insurance companies for services not rendered. Therefore it becomes your personal responsibility. Your credit card will not be charged unless your appointment is missed or cancelled within less than 24 hours.

_____ Initial

Thank you for your understanding!

**There are two things that we cherish:
Your health and your time**

Patients Signature

Date

Witness Signature