

## Welcome to Our Practice

It is with great pleasure that we provide the services for you here at Quantum Vitality. We offer a variety of services, and tailor your treatment plan to you and your specific needs. The following forms are provided to make your first visit easier, and to begin developing your individualized treatment plan.

### Office Policies

The following are some important policies that allow us to serve you better. Please initial to indicate that you understand and agree to the following:

\_\_\_ Fees are due at the time of service unless prior arrangements have been made. We accept cash, checks and Visa/MasterCard. You may request a receipt in the form of an insurance "Superbill" that you can submit to your insurance company for reimbursement.

\_\_\_ I clearly understand and agree that all services rendered to me are charged directly to me, even if I am expecting medical or car insurance to cover my treatment.

\_\_\_ We require at least 24 hours to reschedule Chiropractic appointments and at least two business days (Mon-Fri) to reschedule or cancel your appointments of 30 minutes or longer. You may receive an appointment reminder 1 to 2 days before your visit; however the responsibility is yours.

\_\_\_ Late cancellations and no-shows are billed in full.

\_\_\_ Superbills may be requested on the date of service for that day, with no charge. However, if you require superbills in arrears for several dates of service, you may incur an administrative fee of \$25.

\_\_\_ If your check is returned for any reason, you will incur an administrative fee of \$25.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Authorization

We require a current credit card number on file to secure your appointments and for any mailed special orders. We will never charge this number without giving you prior notice.

I, (print name) \_\_\_\_\_ authorize Dr. Victoria Moore, D.C. located at 1005 "A" St., Suite 213, San Rafael, CA 94901 to bill my credit card as listed below:

Name on Credit Card \_\_\_\_\_

Card# \_\_\_\_\_ Circle one: Visa    Master Card

Exp date: \_\_\_\_\_ Sec. code (3 # back of card): \_\_\_\_\_

Billing Address \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_

Authorization: Card Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*This authorization can be revoked upon your written notice to our office.*