



Office Policies

Because of our commitment to quality care for you and your pet, and the increasing trend of the general public to skip appointments without notice, some policy changes have unfortunately become necessary. We have tried to be compassionate to our clients needs and challenges and fair to our staff and other clients with this revision of our policies. Please discuss any questions with our staff or office manager before your appointment. We remain committed to providing top notch integrative medical care for your family!

Office Visits, Appointments – Office visits are by appointment only. Every effort will be made to give you an appointment at your earliest convenience. If you have an urgent problem, we will attempt to see you as soon as possible during normal business hours. We also try to respond to any communication quickly, however our doctors have days off during the work week so please allow up to 48 hours for a return call on non-emergency communication.

During your appointment our doctors are committed to spending enough time with you to listen to your history and perform a thorough physical exam. In general - we schedule NEW patients for 60 minutes visits and follow up visits for 30 minutes. Each visit with the doctor is charged an exam or recheck medical progress fee plus any treatment fees for other services such as acupuncture or chiropractic. Arriving for your appointments a few minutes early will help ensure that you and other patients are seen in a timely manner. New clients scheduling Saturday appointments will be asked to prepay for the appointment time.

Cancellations and Missed Appointments Fees – If you cannot make your appointment, please give us the courtesy of at least 24 hour's notice so that another patient may have the opportunity to see the doctor. Many times this makes the difference of someone going to ER or coming to see us.

If you are more than 10 minutes late for your scheduled appointment, your appointment may need to be rescheduled and this will count as a missed appointment.

Missed appointment is defined as the failing to give us 24 hour's notice of your inability to make a scheduled doctor or surgery appointment. A missed scheduled one hour appointment or surgery will be charged at \$100 and a half hour appointment is charged at \$50. Every effort is made to fill missed appointment slots and charges will only be made if we are unable to rebook this time. Accrued fees are invoiced and need to be paid at your next appointment and within 30 days.

New patients who miss their initial visit or established patients who accrue two missed appointments within 12 months will be asked to prepay for visits for the next calendar year.

Environment and conduct - Our staff is here to support our doctors on duty and help our clients with question or concerns. We strive to create a healing environment for everyone and expect our staff to conduct themselves as professionals. We appreciate that a sick pet can cause emotional turmoil in the household, however at anytime we will not allow our staff to endure rude, offensive or degrading behavior. If this becomes an issue it is grounds for immediate dismissal from our practice.

Fees and, Payments - All payments are due at the time of service. We accept cash, checks, Visa, MasterCard, Discover and Care Credit. There will be a \$30 dollar charge for returned (bounced) checks.

Prescription and Refills – If a new prescription is written at the time of your appointment you will be given enough to get you through to your recheck appointment. If refills are needed on existing medication please give us 24 to 48 hours to get that refilled, we will call you once your prescription is ready.

After Hours Calls – If you call after hours, you will reach our answering machine and we will respond to you the next business day. If you have an emergency, please go to MedVet located at 9650 Mayflower Park Dr. Carmel, IN or VCA Advanced Care located at 7712 Crosspoint Commons, Fisher, IN. More information is available on our phone greeting and website.

Client Signature: _____

Date: _____