

Mason Family Chiropractic

Dr. Marie S. Mason
154 W. Main Street, Suite 1
Bridgeport, WV 26330
Phone: 304-842-0601 Fax: 304-842-0602

We welcome you as a patient and extend to you our gratitude for selecting us for your chiropractic care. Our goal is to make chiropractic a pleasant and healthy experience for you. Our commitment is to provide you with the best possible chiropractic care, but we alone cannot accomplish this; you are a participant by being willing to come in for your regular adjustments and care as requested by Dr. Marie Mason.

Our Hours of Operation:

Monday – 8:30 AM – 1:00 PM and 3:00 PM – 5:00 PM

Tuesday – 9:00 AM – 1:00 PM

Wednesday – 8:30 AM – 1:00 PM and 3:00 PM – 6:00 PM

Thursday – Closed

Friday – 8:30 AM – 1:00 PM and 3:00 PM – 5:00 PM

Insurance Policy:

As a courtesy, we will bill your primary insurance company. Unless your primary insurance company crosses over claims to your secondary, secondary submission will be your responsibility. Co-payments, co-insurance and deductibles are due at the time of service. We will verify your benefits with your insurance company; this is not a guarantee of payment and any services not paid by your insurance company will be your responsibility.

Cancellation/Reschedule Policy:

Patients are asked to give the office a 24 hour of notice if you are unable to keep your appointment. To achieve the maximum improvement in the shortest time possible, it is vital that you maintain your advised schedule of care. There is a \$35 missed appointment fee for appointments not cancelled.

Emergencies:

If you have a chiropractic emergency outside our office hours, please feel free to contact Dr. Marie Mason at her home. Her telephone number can be found on our office answering machine.

Financial Policy:

We accept cash, checks and credit cards as forms of payments. A fee will be assessed on all returned checks. Patient responsibility on accounts should not exceed \$100 at any given time without a payment plan in force and office manager's approval. All services are payable at the time they are rendered.

A copy of these office policies will be given to you for your records. Please feel free to contact our office if you have any questions. Again, we welcome you to Mason Family Chiropractic and hope that your experience with chiropractic is a happy and healthy one.

Patient Signature _____ **Date** _____