

# Office Policies

Dr. Christine Anderson, DC  
Kid Chiropractic Family Wellness Center  
1445 N. Garden St.  
Los Angeles, CA 90048  
Phone: 323-436-2735  
Pager: 323-848-0999  
[www.kidchiropractic.com](http://www.kidchiropractic.com)  
[www.losangeles-chiropractor.com](http://www.losangeles-chiropractor.com)  
kidchiropractic@yahoo.com

Welcome to the office of Dr. Christine Anderson & Kid Chiropractic Family Wellness Center. In order to facilitate healing and promote the best chiropractic wellness care, we have established the following office policies.

## APPOINTMENTS

Scheduling appointments in advance is recommended. We will do our best to see walk-in patients, however those patients who have scheduled appointment will have priority. Office Hours are posted on our website at [www.kidchiropractic.com](http://www.kidchiropractic.com)

A message may be left on the answering machine if you wish to schedule an appointment or you may request an appointment through [www.kidchiropractic.com](http://www.kidchiropractic.com).

Appointments may be scheduled for before or after hours at the doctor's discretion. **There is an added charge for office visits made for before and after hours.** This added charge is based on the time of day and the visit scheduled; it will not exceed \$75.

Dr. Anderson will make house calls in the case of an emergency. She will also make visits to the home, birthing center, or hospital during childbirth. The charge for existing patients for a "house call" is \$225/ hour, including travel time, in addition to a \$55 out call fee, per patient. New patients will be charged an additional \$ 225 exam fee.

## CANCELLATIONS

**Cancellations must be made 24 hours in advance of scheduled appointments to avoid being charged for an office visit. This policy is strictly enforced so that we can accommodate all patients who need to be seen.** If you must cancel your appointment and it is after hours, please leave a message on the answering machine **and** email Dr. Anderson at [kidchiropractic@yahoo.com](mailto:kidchiropractic@yahoo.com). If you have an emergency that prevents you from canceling within the 24 hour period and let us know as soon as possible that you cannot make it, we may reschedule your appointment for the next work day without being charged; this is at our discretion and may be revoked if last minute cancellations have become habitual.

## PAYMENT

**Payment is expected at the time of the office visit.** If you have insurance, a “super bill”, or receipt will be given with the necessary information to get reimbursed from your insurance company. The super bill should be submitted with your insurance claim form.

We accept cash, check, Master Card, Visa, Discover, and Amex. There is a discount for cash and checks, however, a 5% charge will be added to credit card purchases.  
**A \$25 fee will be charge for each bounced check or chargeback.**

### **REFERRALS**

We know that as you begin to feel great, you will want your friends and family to receive the benefits of chiropractic. We would like to help in any way possible. Ask for brochures or other information to pass on to them. Ten minute consultations are complimentary.

### **LENDING LIBRARY**

The lending library is available to provide further information about health and wellness.. If you have read a good book, let us know. Contributions to the library are also appreciated. A refundable\* **CASH deposit** is required before checking a book out.  
\*The cash will be used to replace the book only in the event it is lost, stolen, or severely damaged.

**Lending time is 2 weeks! Please bring the book back in a timely manner !**

### **MASSAGE THERAPY**

Massage therapy is available by appointment. **Cancellations must be made 24 hours in advance of scheduled massage appointments to avoid being charged for the appointment.** If you are late for your appointment, you will be charged for the full amount of your scheduled appointment and you will be massaged for the remaining time.

### **CELL PHONES**

Kid Chiropractic Family Wellness Center is a **cell phone free** facility. Please be courteous and turn your cell phone off when you visit us. If you must use your cell phone, please step outside the building to do so.

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I, \_\_\_\_\_, have read and understand the office policies for Kid Chiropractic Wellness Center and Agree to all the terms.

Signed, \_\_\_\_\_ Date \_\_\_\_\_