

# Patient Appointment Agreement



**NOTE: This form will be kept on file. It will not be used without first contacting me (the patient) to notify me of the charge and discussing the reason for the charge.**

**Purpose of Agreement:** We are a unique health care office in that when you schedule a New Patient appointment with the doctor you will actually be getting an hour and a half of the doctor's full attention to aid him in understanding how best to help you in healing. On going appointments for established patients are scheduled for 30 minutes. Consequently, missed appointments create a much bigger problem than it would at an office where you only get 5 minutes of the doctor's attention. By not correctly canceling a scheduled appointment, someone else who is in need of care will miss the opportunity for treatment.

**Agreement:** In order to work together to improve your health we must have an agreement of mutual respect. Dr. Huntoon will hold 90 minutes of his time for New patients to give you his full attention and expertise in your healing. Ongoing patients will be given 30 minutes of his time. You will honor that appointment by attending promptly or canceling with more than 24 hours notice prior to the appointment.

Dr. Huntoon takes health very seriously. To be a patient at his office, it is expected that you are serious about your health as well. Scheduling an appointment indicates you will be at that appointment. Failure to cancel your appointment with less than 24 hours of it's scheduled time will result with a "Cancellation Fee." This fee is \$150.00 for New Patient Introductory Visits, and \$50.00 for ongoing treatment.

Obviously it is impossible to list all the emergencies that may inhibit a person from keeping their scheduled appointment. Dr. Huntoon and his office staff will always consider such emergencies when enforcing this policy. In the case of inclement weather such as snow, Dr. Huntoon will always be at the office. If the office will be closed, we will contact you.

By signing this agreement, it will serve the following two purposes:

- 1) It will help you, the patient, get well by getting the care you need.
- 2) It will help the office to serve as many people as possible.

By signing this agreement, I am acknowledging that I will keep my scheduled appointment(s). Failing to keep my scheduled appointment, without proper cancellation, then I, in advance, give Advanced Alternative Medicine Center and Dr. Huntoon permission to charge my credit card the appropriate fee as set above for such a violation.

**Again, this form will be kept on file and will not be used without first notifying me of the charge and the reason for the charge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card # and Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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## For office use only

If credit card needs to be used:

Patient Spoken to:  Yes      Phone Confirmation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date Processed: \_\_\_\_\_, 20\_\_ Confirmation number: \_\_\_\_\_ Amount: \_\_\_\_\_



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