

CRAIG A. HENNIE, D.C.
HEALTHWAY, INC.
HOME OF THE 15 MINUTE OR FREE GUARANTEE

Dear Patient,

I am pleased and honored that you have chosen me for your health care needs. You have undertaken a major step toward reaching your optimum level of health and wellness. I am committed to helping you achieve this goal. Keeping your scheduled appointments is a crucial part of this process.

I offer a 15 minute or Free Guarantee! If you are on time for a scheduled appointment and I am 15 minutes late, that visit is free! When I arrive for a scheduled appointment and you are not available, I must charge for that scheduled appointment. I respect your time and in return I hope you respect mine.

I understand that from time to time emergencies arise; normally I am capable of accommodating changes to my schedule. Please notify my office immediately of any changes that need to be made. Notification of any change must be prior to your scheduled appointment time. Understand that rescheduling appointments do not have the 15 minute or Free Guarantee. Also understand that I retain the ability to charge for any missed appointments when I have not received a 24 hour advanced notice.

I am dedicated to your health and well-being.

Sincerely,

Dr. Craig A. Hennie

Patient Name _____

Signature _____

Date _____