

# STEVEN J. TUNNELL, DC

DIPLOMATE OF THE AMERICAN CHIROPRACTIC BOARD OF  
SPORTS PHYSICIANS  
CERTIFIED STRENGTH AND CONDITIONING SPECIALIST  
QUALIFIED MEDICAL EVALUATOR

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## APPOINTMENT POLICY

Unique demands and significant time requirement are involved in providing our patients with treatment. Due to these demands and our previous experiences, we have developed the following appointment policies:

**Missed Appointments:** Any missed appointment “no show” at this office will incur a missed appointment fee, which is due before to the next treatment can be rendered. A late cancellation (less than twenty-four hours notice) will also incur a fee. Late arrivals (greater than 20 minutes) will in most cases be charged a fee and rescheduled for another day. Due to the unique nature of the treatment, we are unable to “take shortcuts” in the treatment. If patients are late, we are then behind for the remainder of the day. We appreciate that life can bring on unexpected events, and if you are unable to make your appointment, please be considerate and notify us of your cancellation.

**Appointments Following a “No Show”:** Any advanced appointments that you have already made will be cancelled when a “no show” occurs. You must call and reschedule the appointments.

**Appointments Moved by The Doctor:** If we must move a patient’s appointment on the same day for an emergency, we will credit the moved patient’s account. This is similar to, but a reversal, of a patient being charged for late cancellations or “no shows”.

**Waiting List:** If the appointment schedule is full, you may place your name on a waiting list for openings from other patients who move or cancel their appointments. If we call you and reach a voice mail, we will let you know an appointment is available, but you will not have the appointment until you call to confirm the appointment. We will continue to move down the waiting list until we actually speak to a patient who can confirm the appointment time. **NO APPOINTMENT WILL BE GUARANTEED BY A MESSAGE ON A PATIENT’S VOICE MAIL.** The patient must confirm the appointment by calling this office.

**Right to Refuse Health Care:** We reserve the right to refuse health care to abusive or hostile patients. Those patients will be referred to another facility.

I have read, understood and agree to this policy.

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**Patient’s Signature**

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**Date**

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13600 VENTURA BOULEVARD  
SHERMAN OAKS, CALIFORNIA 91423  
(818) 990-3084 FAX: (818) 990-3467