



Cancellation and No Show Policy

Your appointment is important to us and to your vision and eye health. If you miss an appointment, you may delay the treatment that you need.

We understand situations arise in which you may need to cancel your appointment. If you must change your appointment **please call us at least 24-hours in advance**. Advance notice will allow other patients waiting, in need of eye health and vision services, the opportunity to be seen in the allotted time that was originally set aside for you.

Patients who no show for their scheduled appointment or reschedule (2) two or more times within a one year period, without a 24-hour advance notice, will be subject to a \$50.00 charge for each appointment missed. The \$50 fee is not covered under insurance and must be paid prior to being seen on your next office visit.

Three or more no-shows or cancellations in a one year period may be cause for dismissal from the practice.

We greatly appreciate your understanding and cooperation with this policy. Your signature below indicates that you understand and have read our cancellation and no-show policy.

Patient Signature (Parent or Guardian)

Date ____/____/____