

NO SHOW/MISSED APPOINTMENT POLICY

We understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 48-hour notice). You can cancel appointments by calling the following number: 716-674-6030.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted (3) business day prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

It is up to our office manager's discretion to waive your 1st "No-Show" appointment. Under no circumstance will more than 1 "No-Show" appointment fee be waived.

PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel your appointment with at least a 48 hours' notice: There is a waiting list to see our physicians and whenever possible, we like to fill canceled spaces to shorten the waiting period for our patients.
2. If less than a 48-hour cancellation is given this will be documented as a "No-Show" appointment and result in a \$50 charge. This charge cannot be sent to your insurance company and you are personally responsible for payment.
3. If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment. This charge cannot be sent to your insurance company and you are personally responsible for payment.
4. After the first "No-Show/Missed" appointment, you will receive a phone call or letter warning that you have broken our "No-Show" policy. Southtowns Eye Center will assist you to reschedule this appointment if needed.
5. If you have 2 "No-Show/Missed" appointments within a one-year time period, you will receive a warning letter from our office and dismissal from the practice will be considered in addition to another \$50 "No-Show/Missed" appointment.

I have read and understand Southtowns Eye Center's No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Southtowns Eye Center appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient

Staff Signature

Date