YOUR EYE SPECIALISTS

NO SHOW POLICY

EFFECTIVE JANUARY 1ST, 2016 WE WILL BE IMPLEMENTING A NO SHOW POLICY SERVICE FEE OF $25.00.
IF YOU MUST CANCEL YOUR APPOINTMENT WE REQUEST THAT YOU PROVIDE US AT LEAST 24 HOUR NOTICE. THIS WILL ENABLE US TO PROVIDE SERVICES TO OTHER PATIENTS WITH EYECARE NEEDS.
PATIENTS WHO DO NOT SHOW UP FOR THEIR APPOINTMENT WITHOUT A CALL WILL BE CONSIDERED AS **NO SHOW.**
THE CANCELLATION AND NO SHOW FEES ARE THE SOLE RESPONSIBILITY OF THE PATIENTS AND MUST BE PAID IN FULL BEFORE THE PATIENTS NEXT APPOINTMENT.
WE UNDERSTAND THAT SPECIAL UNAVOIDABLE CIRCUMSTANCES MAY CAUSE YOU TO CANCEL WITHIN 24 HOURS. FEES IN THIS INSTANCE MAY BE WAIVED BUT ONLY WITH MANAGEMENT APPROVAL.
OUR PRACTICE BELIEVES THAT GOOD PHYSICIAN/PATIENT RELATIONSHIP IS BASED ON UNDERSTANDING AND GOOD COMMUNICATION.
QUESTIONS ABOUT OUR POLICY AND FEES SHOULD BE DIRECTED TO THE BILLING DEPARTMENT AT 954-452-9922.
THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING.
Please sign that you have read, understand and agree to this NO SHOW policy.

Signature:_____ Today's Date: _____

Patient Name:_____ Date of Birth: _____