

**THE COLORADO RETINA CENTER
PATIENT CANCELLATION POLICY**

Last minute no-shows, by patients, waste time which could otherwise have been utilized for other patients needing to be seen urgently, not to mention the administrative inconveniences incurred in tracking the patient for rescheduling.

In an effort to reduce the number of such occurrences, the following scheduling/cancellations policy has been placed into effect immediately:

When an appointment is scheduled, either in the office or by phone, the patient's appointment is logged into our computer system by our front office staff. This appointment, in turn prints out on the appropriate day's scheduling sheet. The patient is then expected to maintain the appointment card indicating his/her appointment date and time, as well as the location of the appropriate office.

If the patient wishes to cancel an appointment, The Colorado Retina Center expects notification prior to 24 hours before the appointment. The day prior to the appointment, the office will make a reasonable effort to contact the patient in an attempt to remind them about the visit. In some cases, it will be impossible to contact you personally if you are not at the contact phone number indicated to us previously, or if a message machine is available (at which time a message will be left on the recorder). **Again, the patient is ultimately responsible for remembering the date of the appointment.**

Patients who do not cancel appointments per an appropriate fashion will be subject to a **\$35.00 no-show fee**, which will be expected to be paid upon the next scheduled visit.

The only exception to the above rule would be a sudden emergency, or sudden onset of inclement weather, at which time the patient would still be expected to contact the office to indicate their planning not to come in. Otherwise, the above fee shall be imposed.

I HAVE READ THE ABOVE STATEMENT, OR IT HAS BEEN READ TO ME, AND I UNDERSTAND THE SAME FULLY. ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION REGARDING THE ABOVE.

Patient/Guardian Signature

Date