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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 inconvenience incurred in tracking the patient for rescheduling.

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

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 record of the appointment's date, time and location.

If the patient wishes to cancel an appointment, the Colorado Retina Center expects notification prior to 24 hours before the appointment. One to two days prior to the appointment, the office will make a reasonable effort to contact the patient in an attempt to remind them about their 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 in a timely manner 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 unexpected 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		
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Date		