



MEDICAL & SURGICAL DISEASES OF THE EYE
COMPREHENSIVE OPHTHALMOLOGY
WWW.EYECARES.F.COM

NO-SHOW, LATE, & CANCELLATION POLICY

“No Show” shall mean any patient who fails to arrive for a scheduled appointment. “Same Day Cancellation” shall mean any patient who cancels an appointment less than 24 hours before their scheduled appointment. “Late Arrival” shall mean any patient who arrives at the clinic 15 minutes after the expected arrival time for the scheduled appointment.

Policy:

It is the policy of the practice to monitor and manage appointment no-shows and late cancellations. The goal of Eyecare Associates of San Francisco is to provide excellent care to each patient in a timely manner. If it is necessary to cancel an appointment, patients are required to call or leave a message at least 24 hours before their appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt medical care. A \$50.00 fee will be assessed for all “No-Show” appointments or any appointments cancelled with less than 24-hour notice.

Procedure:

I.A patient is notified of the appointment “No-Show, Late, & Cancellation Policy” at the time of scheduling. This policy can and will be provided in writing to patients at their request.

II. Established patients:

- a. Appointment must be cancelled at least 24 hours prior to the scheduled appointment time.
- b. In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, if available. If appointments are not yet available for their provider, a reminder will be placed for the patient to call to make a future appointment once the schedule opens.
- c. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal from ECASF. The patient’s chart is reviewed, and dismissals are determined by a physician only.

III. New patients:

- a. Appointment must be cancelled at least 24 hours prior to scheduled appointment time.
- b. In the event of a no-show, ECASF may require a new referral sent from the referring physician.
- c. In the event a patient arrives late as defined by “late arrival” to their appointment, ECASF reserves the right to request a new referral sent from the referring physician.
- d. In the event of three (3) documented “same-day cancellations,” the patient may be subject to dismissal from ECASF. The patient’s chart is reviewed, and dismissals are determined by a physician only.

I have read the above and understand the financial policy. By signing here, I agree to abide by its terms. I understand I can ask for a paper copy of this policy for my records.

Patient Signature

Date