

## Physicians Eye Care Center's

## Cancellation & "No Show" Fee Policy

We understand that there are times when you miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Therefore, Physicians Eye Care Center reserves the right to charge a fee of \$25.00 for all missed appointments ("no shows") and appointments which, absent a compelling reason, are not cancelled.

"No Show" fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple "No Shows" in any 12 month period may result in an inability to schedule additional appointments with our practice.

Thank You for your understanding and cooperation as we strive to best serve the needs of all of our patients.

signing below, you acknowledge that you ho licy.	ave received this notice and understand t
Printed Name	Date

Signature