

## **24 Hour Cancellation & “No Show” Fee Policy**

Recognizing that everyone’s time is valuable and the appointment time is limited, we ask that you provide a 24 hour notice if you are unable to keep your appointment. Each time a patient misses an appointment, patient care may be compromised. Without providing proper notice, other patients are prevented from receiving proper care. Therefore, the Physicians of Northern California Retina Vitreous Associates will charge a fee of \$50.00 for each missed (No Show) appointment which, absent a compelling reason, is not cancelled with a 24-hour advance notice.

“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 will result in termination from our practice.

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

*By signing below, you acknowledge that you have received this notice and understand this policy*

---

---

Printed, Last Name, First

Date

---

---

Signature