

Cancellation Policy

At *The Retina Centers of Washington*, we are striving to provide excellent care to each patient in a timely manner. In order for us to be able to deliver care in the most efficient and effective way, we would like to ask you to notify us if you are unable to attend your scheduled appointment. Your notification allows us to better utilize available appointment times for other patients in need of prompt medical care.

If it is necessary for you to cancel or reschedule your scheduled appointment, we ask that you call or leave us a message at least **24 hours prior to your scheduled appointment time**. Appointments are in high demand, and your early cancellation will give another patient the opportunity to have access to timely care.

We reserve the rights to charge a **\$50.00 fee** for any scheduled appointment that is:

- 1. Cancelled with less than 24 hours of notice**
- 2. Missed without notifying us to cancel the appointment (no-show)**

You are required to pay the cancellation fee prior to the start of your next scheduled appointment. Cancellation fees cannot be billed to your insurance company and will be the patient's responsibility.

Patient Name: _____ **Date:** _____

Patient Signature: _____

Complying with your doctor's recommended follow-up appointments is critical for optimal outcome.