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MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to Eye Center of the North Shore. When you schedule an appointment with Eye Center of the North Shore we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Effective June 1, 2018 any new or established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hour notice** will be considered a No Show and charged a **\$50.00 fee**.
- If a patient has three no show or cancellation/reschedule appointments without a 24 hour notice the patient may be **dismissed** from Eye Center of the North Shore.
- Any new patient who fails to show for their initial visit **twice** will not be rescheduled
- The fee is charged to the patient, not the insurance company, and is **due prior to the patient being seen for an office visit**.

As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. Should you need to contact the office after regular business hours Monday through Friday, or a weekend, you may leave a message. If you should experience extenuating circumstances please contact our Billing Office, who may be able to waive the No Show fee. You may contact Eye Center of the North Shore 24 hours a day, 7 days a week at the numbers below.

Eye Center of the North Shore Billing Department (978) 599-1871

Eye Center of the North Shore Main Office and Registration (978) 741-1177

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient and printed Patient Name

Printed Name

Date