STEVEN M. CANTRELL, M.D. MATTHEW G. KIRKMAN, M.D. WILLIAM P. GERLACH, O.D. MICHELLE C. CANTRELL, O.D.



SIERRA EYE GROUP SIERRA EYE MEDICAL GROUP, INC. 2830 WEST MAIN STREET VISALIA, CALIFORNIA 93291 TELEPHONE (559) 636-1000 FAX (559) 636-3937

No show / Appointment Cancellation Policy

Office Visits:

If you are unable to keep your scheduled appointment, we ask that you notify our office by phone during regular business hours, at least 24 hours in advance. We often have patients who can be scheduled in your appointment slot if you notify us of the cancellation with sufficient time.

If your cancellation is less than 24 hours of your appointment, you will be charged a missed / cancellation fee which is currently \$25.00. Repetitive missed appointments may result in dismissal from the office. As a courtesy, we have an automated system that calls or texts to remind you of your appointment. It is not to confirm your appointment, this is to remind you of your appointment. We ask that patients, who need to cancel or reschedule a Monday appointment, please do so by 4:00 pm on Friday prior to the appointment.

Surgical Procedures:

If you are scheduled for any surgical procedure, please note, we require at least 72 hours (3 business days) notice to either cancel or reschedule your procedure so that we can schedule another patient in your appointment slot.

A notice of less than 72 hours (3 business days) will result in a \$100 late cancellation fee.

After Hours Calls:

We have a doctor on-call 24/7. If you call after hours you will be subject to a \$25-\$100 fee, which is not covered by your insurance.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE NO SHOW / APPOINTMENT CANCELLATION POLICY:

Patient Signature (or parent / guardian of minor child)

Date

Copy / Declined Copy of Appointment Cancellation Policy

Initials: _____

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