

## **ELANDER EYE MEDICAL GROUP, INC.**

242 26<sup>th</sup> Street, Santa Monica, CA 90402

(310) 393-0634

### **Cancellation/No Show Policy**

We strive to render excellent medical care to all of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy**. When an appointment is scheduled, that time has been set aside for you. When it is missed, that time cannot be used to treat another patient.

#### **Our policy is as follows:**

##### **1) Cancellation/No Show Policy for Doctors Appointments**

We require that you give our office **24 hours notice** in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed/no show appointment. **A fee of \$25.00 will be charged to you;** this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee.

##### **2) Scheduled Appointments**

We understand that delays may happen, please call the office to notify that you may not be able to make your appointment as scheduled. If a patient is more than 15 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the appointment may need to be rescheduled, and **a cancellation fee of \$25.00 may apply.**

If you have any questions regarding this policy, please let our staff know and we will be happy to clarify any questions you may have. We will gladly furnish you with a copy of this notice at your request.