



MOHAVE EYE C E N T E R

No Show, Cancellation and Late Policy Acknowledgement

Patient Name: _____ DOB: _____

No Show, Late, Cancellation, and Late Arrival Policy

To ensure we can provide quality care and respect everyone's time, we have the following policies in place:

1. Cancellation Notice

We require a 24 hours' notice if you need to cancel or reschedule an appointment.

2. No Show Fee

- A \$50 fee will be charged for a missed appointment without prior notice or cancellations/reschedules made within a 24 hours' notice.
- This fee is NOT covered by insurance and must be paid before any future appointments can be scheduled.

3. Late Arrival Policy

If you arrive **more than 10 minutes late** to your scheduled appointment:

- We may need to **reschedule your visit** to avoid delaying other patients.
- This may be treated as a **no show**, and the no show fee may apply.
- We will do our best to accommodate you the same day, if possible, but it may not always be possible.

4. Repeat No Shows or Late Arrivals

After 3 no shows or late arrivals with in a 12-month period, we may:

- Require a deposit to schedule future appointments
- Limit scheduling options
- Consider dismissal from the practice, depending on the circumstances.

5. Emergencies & Exceptions

We understand that life happens. Emergencies will be reviewed on a case-by-case basis, and fees may be waived at the provider's discretion.

By signing below, you are acknowledging that you have read our policy and are aware of the charges.

Patient Signature: _____ Date: _____