

Bettner Vision

Cancellation/No Show Policy

1. *Cancellation/ No Show Policy for Doctor Appointments*

We understand that there are circumstances in which you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment you may be preventing another patient from getting much needed treatment. **If an appointment is not cancelled or rescheduled at least 24 hours in advance you will be charged a twenty-five-dollar (\$25) fee;** this fee will not be covered by your insurance company. **This fee will only be charged on the second noncompliance of this policy.**

2. *Scheduled Appointments*

In order to maintain and uphold Bettner Vision’s quality and standard of care, we ask that our patients reschedule in the event of being 15 minutes past their scheduled time or we will have to reschedule the appointment.

Patients who have questions or concerns about their account balances due to noncompliance of the Cancellation policy may contact our administrative staff for further clarification.

Signature Patient/Guardian

Print Patient Name

____/____/____

Date