Kimberly Cockerham MD, FACS

Plastics-Orbit-Neuro-Ophthalmology

CANCELLATION / MISSED APPOINTMENT POLICY

We will make every effort to accommodate your scheduling needs. In return we ask that you help us by keeping your scheduled appointments, and by notifying us in advance if you are unable to do so. Thank you for your courtesy.

Please read and sign our policy as indicated below:

ALL PATIENTS WHO FAIL TO ARRIVE FOR THEIR SCHEDULED APPOINTMENTS OR WHO CANCEL WITH LESS THAN 24 HOURS ADVANCE NOTICE WILL BE CHARGED A MISSED APPOINTMENT FEE

- Please note: This missed appointment fee is NOT covered by insurance plans and is your responsibility to pay
- If you need to cancel or reschedule an appointment, please give us at least 24 hours notice in advance to avoid a charge
- If you fail to arrive for your appointment and have not notified us 24 hours in advance, you will be charged for a missed appointment
- This fee will be charged to your credit card on file in our office
- The fees are as follows:

  Physician 30% of regular fee

- If you miss three appointments, we will cancel any remaining appointments and notify your referring physician

Thank you for your assistance in complying with our policy.

Patient Name (please print) _____

I have read and understand this policy.

Patient or Legal Guardian _____
Signature Date