

NORTHERN ILLINOIS RETINA
MEDICAL APPOINTMENT CANCELLATION/NO-SHOW POLICY

Thank you for trusting your medical care to Northern Illinois Retina. When you schedule an appointment with Northern Illinois Retina we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and **no later than 24 hours** prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

Please see our Appointment Cancellation/No Show Policy below:

- Any NEW patient who fails to show for their initial visit will not be rescheduled until the No Show Fee of \$50.00 is paid in full.
- Effective immediately any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least a 24 hour notice will be considered a No Show and charged a \$25.00 fee, no matter the reason for cancellation.
- Any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with a least a 24 hour notice will be charged a \$25.00 fee.
- If a third No Show or cancellation/reschedule with no 24 hour notice should occur the patient may be dismissed from Northern Illinois Retina.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.

As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect. We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Practice Manager, who may be able to waive the No Show fee. You may contact Northern Illinois Retina 24 hours a day, 7 days a week at the numbers below. Should it be after business hours or a weekend, you may leave a message. Messages left within the 24 hour time period are acceptable.

Thank you for your cooperation.

Northern Illinois Retina
Susan Fowell, M.D.
815-226-4990

