



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:**

- Effective immediately any established patient who is receiving **intravitreal injections** who fails to show up or cancel/reschedule an appointment with less than 24-hour notice will be charged a **\$85.00** fee. Reschedules will be forgiven for unforeseen/urgent circumstances on a case-by-case basis. After 3 late (less than 24 hours prior notification) cancellations within a one-year period, all future late cancellations (without 24-hour advanced notice) will be charged, regardless of reason.
- Any established patient who is scheduled for a **follow-up exam** with Dr. Fowell and fails to show up or cancels/reschedules an appointment and has not contacted our office **with at least a 24-hour notice will be charged a \$110.00 fee.**
- Any **NEW patient** who fails to show up for their initial visit without calling more than 24 hours in advance to cancel or reschedule, will not be rescheduled until the **No Show Fee of \$160.00 is paid in full.**
- The fee is charged to the patient, not the insurance company, and is **due prior to the patient's next office visit, or the patient will not be seen.**
- If late cancellations (less than 24-hour notice) continue without an adequate emergency reason, the patient may be dismissed from NIR.

As a **courtesy**, when time allows, we make reminder calls for appointments. **Even if you do not receive a reminder call or message, the above policy remains 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 815-226-4990. Should it be after business hours, you may leave a message. **Messages left within the 24-hour time period are acceptable as 24-hour notice.**

Thank you for your cooperation.

Signature _____

Date _____