

Harrisburg Eye Associates

Patient Acknowledgement Missed Appointment/Cancellation Policy

Dear Patient,

Harrisburg Eye Associates has a Missed Appointment/Cancellation Policy. A cancellation made with less than a 24 hour notice significantly limits our ability to make the appointment available for another patient in need. A missed appointment has an equally detrimental effect.

To better provide our medical service to the community, we have instituted the following policy:

1. A 24-hour notice in the event that you need to reschedule your appointment is expected. This will allow us the opportunity to provide care for another patient. You may reach us by phone or voicemail at 717-695-6326. You may text us at 717-423-3622.
2. A "No-Show", "No-Call", or missed appointment, without proper 24-hour notification, may be assessed a \$35 fee which is not billable to your insurance.
3. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled.
4. As a courtesy, we make reminder calls and/or send reminder texts for appointments in advance. The cancellation policy remains in effects regardless if you have received a phone call or text.
5. Existing patients that miss more than two appointments without reasonable explanation may have physician/patient relationship terminated.
6. New patients are provided one opportunity to reschedule a "no-show", "no-call", or missed appointment. If the second scheduled appointment is missed, the appointment will not be rescheduled.
7. Missed appointments due to unforeseen or emergent circumstances will be evaluated on a case by case basis.

If you have any questions regarding this policy, please let our staff know and we will gladly answer any questions you have. Please sign and date below your acknowledgement. We may also ask you to acknowledge this form remotely via text message or email.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time to time by the clinic.

Printed Name: _____ Signature: _____ Date: _____

Last Update 9/5/2022