

OUR MISSION

To serve our communities with compassion and respect as we promote their health and well-being. OUR VALUES

Compassion, accountability, respect, and responsibility.

Patient Acknowledgement  
Appointment Cancellation Policy

Dear Patient,

HOPKINS MEDICAL has instituted an Appointment Cancellation Policy. A cancellation made with less than a 48 hour notice significantly limits our ability to make the appointment available for another patient in need. To remain consistent with our mission, we have instituted the following policy:

1. Please provide our office a 48-hour notice if you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left with the answering service to avoid a cancellation fee being charged. All Monday cancellations must be received by Thursday end of day.
2. A "No-Show", "No-Call" or missed appointment, without proper 48-hour notification, may be assessed a \$50 fee.
3. If you are scheduled for an hour appointment with WAVI, Laser or Lens the cancellation fee is \$100.
4. This fee is not billable to your insurance.
5. As a courtesy, we make reminder calls, for appointments, one to two days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
6. Repeated missed appointments may result in termination of the physician/patient relationship.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. A copy of this policy will be provided to you. Please sign and date below your acknowledgement.

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.

Name\_\_\_\_\_ . Signature\_\_\_\_\_ . Date\_\_\_\_\_

