



Dear Valued Patient,

We understand that unforeseen circumstances may arise, requiring you to reschedule or cancel your medical appointments. To ensure the efficient management of our schedule and to provide the best possible care for all patients, we have implemented the following cancellation policy:

1. Cancellation Notice:

If you need to cancel or reschedule your appointment, we kindly request that you provide us with a minimum of 24 hours' notice. This allows us to offer the appointment to another patient who may be in need of timely medical attention.

2. Late Cancellation or No-Show:

Appointments canceled with less than 24 hours' notice or patients who do not show up for their scheduled appointment will be considered late cancellations or no-shows. While we understand emergencies can occur, repeated late cancellations and no-shows may result in a fee being applied to your account.

3. Fee Structure:

For late cancellations or no-shows, a fee of \$50 will be charged to your account. This fee helps cover the costs associated with the unused appointment slot and ensures that we can continue to provide timely and efficient medical services to all our patients.

4. How to Cancel:

To cancel or reschedule an appointment, please contact our office via email or phone. If you are unable to reach us directly during regular business hours, you may leave a voicemail, text message, or email, so long as it is received at least 24 hours before your scheduled appointment.

5. Exceptions:

We understand that certain situations may be beyond your control. In cases of emergencies or unavoidable circumstances, please contact our office as soon as possible so that we can make appropriate accommodations.

By choosing to receive medical services at Metro Eyes, you acknowledge and agree to adhere to our cancellation policy outlined above. We appreciate your cooperation, as it allows us to serve you and our community more effectively.

Thank you for entrusting us with your healthcare needs.

By signing below, you certify that you have read, understood, and agree to comply with all the aforementioned policies.

Name: _____

Signature: _____ Date: _____