



## Cancellation and No-Show Policy

At South Michigan Ophthalmology (SMO), our goal is to provide quality medical care in a timely manner. "No-shows" and late cancellations inconvenience those individuals who need access to timely medical care. This policy enables us to better utilize available appointments for our patients in need of medical care.

### Cancellation of an Appointment:

In order to be respectful of the medical needs of other patients, please be courteous and call SMO promptly if you are unable to show up for an appointment. We understand that things come up and it may not be possible for you to keep your scheduled appointment. However, **if it is necessary to cancel your scheduled appointment, we ask that you call as soon as you know you will not be able to make it.** Appointments are in high demand and if you give us at least 24 hours notice, your early cancellation will give us a chance to reallocate the appointment slot to someone who is in need of treatment. If you give us less than 24 hours notice (late cancellation), we will likely not have time to fill the empty slot.

### How to Cancel Your Appointment:

To cancel an appointment, please call 269-781-9822 or 800-323-3622 and choose option 1 to reach reception. If you do not reach the receptionist, you may leave a detailed message on our voicemail. If you would like to reschedule your appointment, please leave your phone number. We will return your call and give you the next available appointment time.

### Late Cancellation and No Show Policy:

A cancellation is considered late when a patient contacts SMO to cancel their scheduled appointment with less than 24-hours advance notice.

A "no-show" is determined when a scheduled patient misses their appointment without contacting SMO. A failure to be present at the time of a scheduled appointment without a call cancelling the appointment will be recorded in your medical record as a "no-show."

- First late cancellation or no-show: **No Fee**
- Second late cancellation or no-show: **\$25.00 Fee** (will be billed to your account)
- Third late cancellation or no-show: **\$25.00 Fee** (will be billed to your account and you will not be rescheduled until all fees are paid).

**Please sign that you have read, understand and agree to this Late Cancellation and No-Show Policy:**

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Patient Name (Please Print)

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Date of Birth

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Parent/Legal Guardian Name - If Applicable (Please Print)

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Relationship to Patient

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Signature of Patient or Parent/Legal Guardian

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Date