

# Veritas Health Care Medical Centre

## Appointment/Cancellation/No Show Policy

### Appointments

Clinic visits are by appointment only. Please call 08 9935 9490 to book an appointment. The receptionist may ask about the reason for your visit. This helps us schedule the doctors' time more efficiently. Please arrive at least 15 minutes early for your first appointment. Patients who are late for any appointment may be asked to reschedule at the doctor's discretion.

### Cancellations

We would like to thank you for being a patient in our clinic. We value all of our patients and strive to provide the best vision care possible in the most comfortable setting. Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must change an appointment, please give us at least 24 hours' notice. This courtesy makes it possible to give your reserved time to another patient who would like it. We know that your time is valuable. Except in the case of emergency treatment for another patient, you can expect us to be running on schedule. If you are unable to keep an appointment, we ask that you cancel at least 24 hours in advance. If this is not possible, call as soon as you can (at least 3 hours) so that another patient can be given your appointment time.

### Missed Appointments (Non-Cancelled)

We understand that occasional missed appointments can occur for a variety of reasons. When you miss an appointment without cancelling, someone else who could have been seen in your place is delayed unnecessarily. We track missed (non-cancelled) appointments. A "No Show/Late Cancellation" is defined as missing an appointment without cancelling at least 24 hours before scheduled time. There will be a charge for a missed or non-cancelled appointment. Insurance will not cover charges for no show or late cancellation fees. The \$40 charge is in addition to any other charge you may have incurred. No refunds will be given. Repeated missed appointments may result in your doctor sending a letter discharging you from the practice. We will offer 30 days of emergent care only and transfer your medical records when you find a new doctor.

### Payment

Payment is due in full at the time of service. No exceptions.

Patient name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**If minor,**  
Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_