



NO SHOW POLICY

Due to the doctor's specialty and an increased demand for his services, we will be implementing a new no show policy. We do understand that things happen that may cause you to miss an appointment; however, we do request that the patient or a family member calls our office at 812-281-2608 to cancel or reschedule the patient's appointment PRIOR to the appointment time, failure to do so will result in the following charges:

After 2 no shows within a 1-year period the patient will be charged a \$10 fee.

After 3 no shows within a 1-year period the patient will be charged a \$20 fee.

After 4 no shows within a 1-year period the patient will need to obtain a new referral from an Optometrist/ Ophthalmologist and there will be a \$25 fee.

After obtaining a new referral and a patient no shows a 5th time within a 1-year period the patient will be charged \$25.

After the 6th no show with a 1-year period the patient may be subject to dismissal from Highland Retina Associates. The dismissal will be determined by the physician, in accordance with Highland Retina Associates guidelines.

*Please note Medicaid patients will not be charged the no show fees, however, the re-referral and discharge policy still applies.



ACKNOWLEDGEMENT OF RECEIPT OF NO SHOW POLICY

PATIENT NAME _____ DATE OF BIRTH _____
(FIRST) (MIDDLE INITIAL) (LAST)

By signing below, I acknowledge that I have received Highland Retina Associates, LLC's No Show Policy

SIGNATURE OF PATIENT OR LEGAL GUARDIAN DATE

(PRINTED NAME IF LEGAL GUARDIAN)

RELATIONSHIP TO PATIENT