RETINA SPECIALISTS of Idaho, PLLC

Acknowledgement Form

No Show For Appointment

The Following is Effective May 1, 2022:

Missing scheduled appointments wastes time and resources that could have been given to other patients needing care. Accordingly, I acknowledge and agree to the following:

- If I am unable to attend a scheduled appointment, I will notify Retina Specialists of Idaho, PLLC at least 24-hours before the scheduled appointment. I may cancel and/or reschedule an appointment by contacting the office at **208-938-5624** (Wainwright address) or **208-323-8660** (Mallard address).

- If I fail to cancel or reschedule an appointment at least 24-hours in advance and fail to present for a scheduled appointment, I agree to pay a **$40** fee to Retina Specialists of Idaho, PLLC. I will be personally responsible for the $40 fee; it will not be billed to my insurance. I will be required to pay the $40 fee before I will be seen for a subsequent visit unless it is an emergency or there is an extraordinary circumstance.

- Repeated failure to keep scheduled appointments may result in Retina Specialists of Idaho, PLLC dismissing me from its practice.

Name (print): _____

Name (signature): _____ Date: _____