

## **CANCELLATION POLICY**

DR. MICHAEL S. COHEN  
856-767-9101

WHEN YOU MAKE AN APPOINTMENT WITH US, WE RESERVE A BLOCK OF TIME ESPECIALLY FOR YOU, AND ONLY YOU.

IF YOU DO NOT APPEAR FOR YOUR APPOINTMENT, THAT BLOCK OF TIME IS UNAVAILABLE FOR USE BY ANOTHER PATIENT. WE CANNOT MAKE THE TIME AVAILABLE TO ANYONE ELSE WHO IS WAITING FOR OUR CARE IF WE DO NOT HAVE SUFFICIENT NOTICE.

**WE REQUIRE 24 HOURS NOTICE TO CANCEL OR RESCHEDULE YOUR ROUTINE EYE EXAMINATION OR OFFICE VISIT.**

IF YOU FAIL TO GIVE THE REQUIRED NOTICE, YOU ARE SUBJECT TO A 30.00 CANCELLATION FEE. CANCELLATION FEES ARE NOT COVERED BY INSURANCE.

WE APPRECIATE YOUR COOPERATION AND CONSIDERATION IN ADHERING TO THIS POLICY.

PRINT NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_