

In order for us to maintain our efficiency in the Operating Room, as well as giving full consideration to the hospital and anesthesia staff, it is necessary for us to implement a cancellation policy. It is important that when you schedule your surgery/procedure you have thoroughly checked your personal calendar to make sure that your scheduled date is ideal for you. Cancelling or rescheduling your surgery/procedure requires multiple phone calls to the hospital or outpatient facility, insurance company, and patient.

If you need to cancel your surgery we ask that you do so in a timely manner.

Cancellations less than one (1) weeks before surgery will be charged a \$350 fee.

This fee will not be applied toward your surgery/procedure and will be added as a charge to your account, not billable to insurance. This fee must be paid to Loudoun Ophthalmology Associates prior to surgery/procedure being rescheduled.

We understand that sometimes it may be necessary to reschedule a surgical procedure due to personal illness, illness of a child, unforeseen death in the family etc., therefore we will allow such a reschedule without a cancellation fee if done in a timely manner.

Any additional reschedules or cancellations will be charged accordingly.

NO-SHOW POLICY

If you do not show up for a scheduled surgery/procedure you will be charged the FULL amount of your surgery cost.

We thank you in advance for your co-operation and understanding of the surgical scheduling process

I have read the above and agree.

Patient (or person authorized to sign for patient)

Date

Name

Date