



## DEER EYE CLINIC

Philip J. Deer, Jr., M.D.

Philip J. Deer, III, M.D.

### **CANCELLATION AND MISSED APPOINTMENT POLICY**

We understand that situations arise in which you must cancel your appointment. Our Physicians request that if you must cancel your appointment you provide more than 24 hours' notice.

Effective August 16, 2016 a \$30.00 missed appointment fee will be charged on all missed appointments, and appointments cancelled with less than a 24-hour notification. We want to insure the best possible physician availability to all of our patients. The missed appointment fees are the sole responsibility of the patient and must be paid in full before the patients next appointment can be scheduled.

I do know and understand that my insurance, Medicare, and/or Medicaid will not be billed for the missed appointment fee. I am responsible for the missed appointment fee.

**Please sign that you have read, understand and agree to this Cancellation Policy.**

\_\_\_\_\_  
**Signature of Patient or Patient Representative**

\_\_\_\_\_  
**Date**

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