



Summit Eye Consultants

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Summit Eye Consultants Appointment Agreement

Summit Eye Consultants strives for excellent patient care in an efficient and timely manner. As a courtesy to you and other patients, we request the following policies be acknowledged regarding appointments. These policies will allow us to better utilize appointments for patients requiring immediate medical attention.

- 1) Late Arrivals: If you are more than 30 minutes late to your appointment and have not notified the office of your estimated time arrival due to unexpected events, your appointment will be rescheduled to the next available appointment.
- 2) Missed Appointments: If an appointment is missed, a fee of \$45.00 for each missed appointment will be charged to the account. If more than 3 appointments are missed, the staff will not reschedule a fourth appointment and the patient will be notified by mail, and hereby dismissed.
- 3) Late Cancels: If an appointment needs to be cancelled, we kindly request notification 24 hours prior to the appointment. This allows the staff to open the appointment slot for same day appointments. No fee will be applied to the first late cancel; however, after the second late cancel, a fee of \$45.00 will be charged to the patient account. If after 3 late cancels, the opportunity to reschedule will not be available and hereby dismissed.
- 4) Rescheduled Appointments: Should an appointment be rescheduled, we ask for a minimum of 24 hours notification. No fee will be applied to the first late reschedule appointment; however there will be a \$45.00 fee added to the patient account for each additional late rescheduled appointment. After 3 late rescheduled appointments occur, the option to reschedule will not be available and will be notified by mail regarding dismissal.

These policies have been set in place to bestow courtesy to all patients. By allowing the staff ample time to acknowledge that an appointment time may not suit your needs, the staff will be able to appropriately fill the slot for patients seeking urgent medical attention. We thank you for your cooperation and understanding.

Patient Print Name: _____ Date: _____

Patient Signature: _____