

SAN LUIS OBISPO



ASSOCIATES

A Medical Group, Inc.

MISSED APPOINTMENT POLICY FOR DR. STATHACOPOULOS

As one of the very few fellowship-trained pediatric ophthalmology specialists between Los Angeles and San Francisco, Dr. Stathacopoulos' services are in high demand. As a result, open appointments are sometimes in short supply and many patients, some with urgent problems, are often unable to schedule visits in a timely manner.

Despite this appointment squeeze, some patients do not show up for their scheduled appointment and fail to call and let us know in advance. These missed appointments cause problems for all our patients. The no-show patient needs to be rescheduled into an already full calendar where the first available opening may be weeks later than when the patient should ideally be seen. In turn, other patients with urgent problems who could have taken the no-show opening have no opportunity to do so because of the last minute no-show. Therefore, to better serve all her patients, Dr. Stathacopoulos has instituted the missed-appointment policy outlined below.

We understand that everyone leads busy lives, everyone forgets sometimes, and last-minute emergencies do happen. Therefore, if you have a last-minute emergency and are unable to keep

your appointment please call us as soon as you can to cancel and reschedule so that we can make your slot available for others. Please also explain the reason for your cancellation, as we are willing to make reasonable exceptions to our policy on an individual basis.

Please be aware that missed appointment charges are considered non-covered services by most health plans and you will therefore be personally responsible for payment. Some health plans, such as Medi-Cal, prohibit the direct billing of these charges to the patient. In these cases, we will issue a warning after the first missed appointment. The patient will be discharged from the practice after the second missed appointment.

We hope you understand the need for this policy. We appreciate your willingness to keep us informed of your appointment needs in advance and for helping us to make appointments available for everyone who needs one.

MISSED APPOINTMENT POLICY

1. All appointment cancellations shall require twenty four (24) hours advance notice. Any appointment cancelled with less than 24 hours advance notice shall be considered a *missed appointment*.
2. If a patient is more than twenty (20) minutes late for an appointment and it has to be rescheduled, this will be considered a *missed appointment*.
3. The first *missed appointment* shall incur a \$25.00 charge.
4. The second *missed appointment* shall incur a \$50.00 charge.
5. The third *missed appointment* shall result in formal discharge from the practice.

Please sign below to acknowledge you have read this policy. Thank you.

Patient name

Signature of Patient (over age 18) / Parent / Guardian

Date

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