Four County
Family Eyecare

Dr. Michael S. Cohen, Optometric Physician
225 North Route 73, Berlin NJ 08009-9751
Phone (856) 767-9101 Fax (856) 767-9131

CANCELLATION POLICY

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 charges are not covered by insurance.

We appreciate your cooperation and consideration in adhering to this policy.

Your signature below acknowledges that you have read and will comply with this policy.

_____ _____

Patient Name Date

_____

Signature of Parent, Parent/Guardian