Matthew Y. Matsuzaki, OD

24 Hour Cancellation & "No Show" Fee Policy

| Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, our office reserves the right to charge a fee of \$45.00 for all missed appointments which, absent a compelling reason, are not cancelled within a 24-hour advance notice. |
|--|
| "No Show" fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment |
| Thank you for your understanding and cooperation as we strive to better serve the needs of all of our patients. |
| By signing below, you acknowledge that you have received this notice and understand this policy: |
| Printed name Date |
| Signature |