



Medical and Surgical Eye Care

www.nylaservision.com

info@nylaservision.com

2464 Coney Island Ave, 3rd Fl, Brooklyn, NY

Ph: (718) 676-6464

Fax: (718) 676-6467

133 E 58th St, Suite 1102, New York, NY

Ph: (212) 316-1200

Fax: (929) 493-3040

Julia Giyaur, MD

*Fellow of American Board of Ophthalmology
Member of American Academy of Ophthalmology and
American Society of Cataract and Refractive Surgery*

Milana Sapozhnikov, MD

Fellow of American Board of Ophthalmology

Anastasiya Zagurskaya, OD

Member of American Optometric Association and NYSOA

Sarah Pinkhasov, OD

Member of American Optometric Association and NYSOA

Rachel Mindin, OD

Member of American Optometric Association and NYSOA

Selena Huang, OD

Member of American Optometric Association and NYSOA

No Show or Late Cancellation Policy for New York Laser Vision

At New York Laser Vision, we value your time and strive to provide the best possible care to all our patients. To ensure our practice runs smoothly and efficiently, we have implemented the following No Show and Late Cancellation Policy:

1. New Patients:

- A \$50 fee will be charged for new patients who do not show up for their scheduled appointment and wish to reschedule.
- This fee must be paid before the appointment can be rescheduled.
- If the fee is not paid, the individual will not be able to become a patient at our practice.

2. Established Patients:

- For established patients, the first missed appointment will result in a rescheduling opportunity with the fee waived.
- A warning will be issued that for any subsequent missed appointments, a \$50 fee will be charged.
- This fee must be paid before rescheduling any future appointments.

3. Electronic Agreements and Credit Card on File:

- All patients are required to sign a No Show Fee Agreement electronically. A copy of this policy is available for review upon request.
- Patients with private insurance will also be required to leave a credit card on file, and sign Credit Card policy electronically.

By adhering to this policy, we aim to minimize disruptions and ensure that all patients have access to timely and efficient care. Your cooperation and understanding are greatly appreciated. If you have any questions or concerns regarding this policy, please feel free to contact us. Thank you for choosing New York Laser Vision for your healthcare needs.

By entering my first and last name, I acknowledge my agreement with all the information provided below.