Dr. David M. Deiboldt and Dr. Holly M. Beck
Podiatrists • Foot Surgeons
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OFFICE POLICIES

- **Cancellations and Missed Appointments**- A $65 fee will be assessed for an appointment missed or cancelled less than 24 hours before the scheduled appointment time.

- **Reminder Calls**- The office may call to remind you of your appointment as a courtesy. It is the patient's ultimate responsibility to remember his/her appointment time.

- **Co-Pay/Balances**- All copay's and balances are due at the time of service in order to be seen by the doctor.

- **Deductibles**- Deductibles that have not been met are due at the time of service. Your appointment will be rescheduled and a $65 rescheduling fee will be assessed if you are unwilling to adhere to this policy.

- **Cell Phone Use**- Cell Phones are PROHIBITED in the waiting room and in the exam rooms. Please place cell phones on silent when entering the office.

- **Insurance Cards/ Photo ID**- We are required to have current copies of your insurance card and photo ID. It is the patient's responsibility to inform office staff if insurance has changed or if a new card was issued. If patient presents incorrect insurance information at the time of the service the entire visit will become the patient's responsibility.

- **Forms and Letters**- A small fee of $10 is charged for one page forms and $20 is charged for forms 2 pages or more to be filled out by the physicians. We waive the fee for forms required for treatment, MVA Disability Tag Form and for work/school notes for patients. Fees must be paid before forms and letters are released.

- **Medical Records Request**- A signed authorization must be provided along with the Maryland State Medical Records Fee before medical records are reviewed and released. Please allow up to 30 days from request.

- **Inclement Weather-** If dangerous weather conditions are forecasted we operate a "wait and see" policy. If the road conditions are poor on the morning of the appointment you will be rescheduled without penalty.

By signing below I confirm that I have read and agree to abide by the above policies at The Podiatry Office of Drs. Deiboldt and Beck.

Patient Name:_____

Patient Signature:_____ Date:_____