THE BELTSVILLE FOOT & ANKLE CENTER
|DR. DAVID DEIBOLDT|
PODIATRIST | FOOT SURGEON
10720 Baltimore Avenue | Beltsville, MD 20705
Phone:301-937-5666 | Fax:301-987-0453 www.beltsvillefootcare.com

OFFICE POLICIES

- **Cancellations and Missed Appointments**- A **$75 fee** will be charged for an **appointment missed or cancelled less than 24 hours before the scheduled appointment time**. Anyone 10 or more minutes late for their appointment will need to reschedule, this will count as a missed appointment and a $75 fee will be assessed.

- **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 copays and balances are due at the time of service in order to be seen by the doctor. If your balance is not paid at the time of service you will be rescheduled and a $75 rescheduling fee will be assessed. A convenience fee of 4% will be added to all credit card transactions.

- **Deductibles**- Deductibles that have not been met are due at the time of service. Your appointment will be rescheduled and a $75 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 a patient presents incorrect insurance information at the time of the service the entire visit will become the patient's responsibility.

- **Workers Comp/Accident Insurance:** Please note we do **NOT** accept worker's compensation or accident insurance. If you have filed a claim or are planning on filing a claim you will be considered a self-pay patient and will be responsible for all services.

- **Rehabilitation Center/Nursing Facility/Hospice**: If you are enrolled in any of these facilities at the time of your appointment you **must** notify our office. If not you will be considered a self-pay patient and will be responsible for all services.

- **Forms and Letters**- A $35 fee is charged for forms to be filled out by the physician. 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 of Dr. David Deiboldt.*

Patient Name:_____ (please print)

Patient Signature:_____ Date:_____