

Lorna C. Wolfe, D.P.M., P.A.  
182 Thomas Johnson Drive Suit 203  
Frederick, MD 21702

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Patient Name: First Middle Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M/F \_\_\_\_\_

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Home Address: Street City State Zip \_\_\_\_\_ Marital Status S/M/D/W \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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Primary Insurance \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_ Policy Holders Date of Birth \_\_\_\_\_

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Secondary Insurance \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_ Policy Holders Date of Birth \_\_\_\_\_

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Chief Complaint \_\_\_\_\_

Referred By \_\_\_\_\_ Primary Doctor \_\_\_\_\_

**Financial Policy**

1. Payment for non-insurance covered services and co-pays is expected at the time of service.
2. As a courtesy to the patient, fees will be submitted to the insurance companies first. The insurance company may allow us to bill you for the balance. Payment for services provided for patients with an insurance company that we do not participate with, is expected at the time of service. All balances will be your responsibility after 30 days. Payments past due over 90 days will incur a 6% collection fee.
3. For laboratory fees on orthotics, 50% of the fee is due at the time of casting and the balance upon receiving the appliances.
4. A copy of your records is \$17.80 Plus 60 cents per page. There will be a charge of \$10.00 for any and all forms that are filled out. A "No Show" visit and less than 48 hours' notice will result in a charge of \$35. Checks return will result in a charge of \$25.

I have read and understand this policy. I give permission to Dr. Lorna Wolfe to examine and treat me.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY CONTACT AND PHONE NUMBER: \_\_\_\_\_

As a convenience to you for future needs, we are providing you this opportunity in advance to you to designate any person to whom you may wish us to provide otherwise confidential medical information from your records.