



**Wolff**  
P O D I A T R Y

*Advanced Medical and Surgical Foot care*

## OFFICE POLICIES

Our goal is to provide you with the best possible care in a warm, supportive environment. Below are policies that manage those expectations and assure understanding to develop a long-lasting relationship. We remain available for any questions or concerns you may have.

### Appointment Cancellations and No-Shows

- I understand late cancellation(s) or missing an appointment keeps other patients from being seen. I understand arriving late means I have forfeited my appointment time and other patients arriving on time will be served while I am worked back into the schedule whenever possible.
- I understand Wolff Podiatry will do its best to accommodate me should I arrive late for an appointment. I also understand that there may be times when these accommodations are not available, and I will be asked to reschedule.
- Cancellations less than 24 hours before your appointment are subject to a \$50 no show fee.

### Referrals

- I acknowledge it is my responsibility to be aware of my health insurance policy requirements and if an insurance referral is needed to see a specialist. I am aware it is my responsibility to obtain this referral prior to my appointment.
- I acknowledge a referral does not guarantee reimbursement and I will be held responsible for claims not paid by my insurance company if no referral is on file. Member benefits, deductibles, copayments, or coinsurances may affect coverage and reimbursement.

### Minor Patients

- I understand a legal guardian **MUST** accompany my child under the age of 18 to their appointment.

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_