

Foot and Ankle Specialists of MD, LLC
Dr. Michael Liebow, DPM

Appointment Policy for Foot and Ankle Specialists of Maryland, LLC

Dr. Liebow and the staff at Foot and Ankle Specialists of Maryland are committed to providing high quality care, both efficiently and with compassion.

A doctor/patient relationship is built on mutual trust and respect. As such, we strive to be on time for your scheduled appointments, and ask that you give us the courtesy of a call when you are unable to keep an appointment.

Due to an increasing number of patients being consistently late, canceling with little notice, or not showing up to their scheduled appointments we have been forced to implement a new policy that will involve a fee that is not covered by insurance and will be your financial responsibility.

In order to be respectful of the medical needs of other patients, please be courteous and call Foot and Ankle Specialists of Maryland promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call **at least 24 hours** in advance, and calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

Reminder Phone Calls

It is your responsibility to know when your appointment is. You are given an appointment card for your visit. Due to Dr. Liebow's practice continually growing, **courtesy reminder calls are not made by the office**. We apologize if this causes any inconveniences for you.

Definitions:

Missed Appointment/ "No Show": A missed appointment or "no show" is when you fail to show up for an appointment without a phone call, cancel without at least 24-hour notice or you are 15 minutes or later to your appointment. **(If you arrive 15 minutes or later, your appointment will be rescheduled and you will not be seen.)**

As of October 1, 2012, the new policies are as follows.

1. **1st Missed Appointment:** You will be charged a missed appointment fee of **\$25.00.**
2. **2nd Missed Appointment:** You will be charged a missed appointment fee of **\$25.00.**
3. **3rd Missed Appointment:** You will be charged a missed appointment fee of **\$25.00. This may result in a discharge from the practice.**

Let's work together to provide you with the best possible care you deserve.

I have read and understand the Appointment Policy for Foot and Ankle Specialists of Maryland.

Patient or Responsible Party Signature: _____ **Date:** _____