

Dr. Frank J. Smith, D.P.M. Dr. Michael A. Klein, D.P.M.
 Dr. William A. Gormley, D.P.M. Dr Heather Wilson, D.P.M.

Laurel Foot and Ankle Center, LLC

14440 Cherry Lane Court
 Suite 104, Laurel, MD 20707
 Tel: 301-953-3668 Fax: 301-953-3854

Northern Virginia Foot and Ankle Associates

8221 Old Courthouse Road
 Suite 102, Vienna, VA 22182-3859
 Tel : 703-734-1311 Fax: 703-734-9090

Last Name	First Name	M.I	Street Address			Apt. #
City	State	Zip Code	Home Phone	Cell Phone		
SSN #	DOB	Age	Marital Status: M S Widow Sep. Div.			
Employer's Name	Employer's Street Address		City	State	Zip Code	Work Phone
Financially Responsible Person, If Different From Patient					Email Address	
Home Phone		Work Phone				
Spouse's Name	Person, Other Than Spouse, To Contact In Case Of Emergency			Relationship	Contact's Phone	
How Did You Hear About Our Practice? (Circle) one						
Yellow Pages		Other Patient		Dr.'s Referral		Insurance Co.
T.V.		Friend		Drive-By		Website Google Radio WMAL WTOP Other _____
Referring Physician's Name		Physician's Phone		Your Primary Physician's Name		Physician's Phone

INSURANCE COVERAGE

Primary Insurance Co.	Name of Policy Holder	Relationship	Policy Holder's DOB	Policy ID#	Group #
Secondary Insurance Co.	Name of Policy Holder	Relationship	Policy Holder's DOB	Policy ID#	Group #
Policy Holder's Employer			Employer's Phone #		

MEDICARE LIFETIME SIGNATURE ON FILE

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Laurel Foot and Ankle Center, LLC and or Northern Virginia Foot and Ankle Associates for any services furnished to me by the physician. I authorize any folder of medical information about me to be released to the Health Care Financing Administration and any agent information needed to determine these benefits or benefits payable for related services.

Date _____ Signature _____

PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE

I, the undersigned, authorize payment of medical benefits to Laurel Foot and Ankle Center, LLC and Northern Virginia Foot and Ankle Associates for any services furnished to me by the physicians. I understand I am financially responsible for any amount not covered by my health insurance contract. I also authorize you to release to my insurance company any information concerning health care, advice, treatment, or supplies provided to me. This information will be used for the purpose of evaluating and administering claim benefits including worker comp claims. I permit a copy of this authorization to be used in place of the original.

Date _____ Signature _____

MEDICAL HISTORY

Patient name

Reason for your visit: Date when symptoms began and a description of the symptoms

If problem is accident related, indicate date accident occurred and place of injury

Have you been treated by another physician for this problem? If yes, list physicians name and treatment

Past Medical History (check all that apply)

AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial Heart Valve or Joints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nervous Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Dependency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Circulatory Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sinus Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ulcers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gout	<input type="checkbox"/> Yes <input type="checkbox"/> No	Varicose Veins	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weight Loss, unexplained	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Past Medical History _____

Have you had any Surgery? If yes, please list all past surgeries:

Date: _____
Date: _____
Date: _____

Are you currently taking any medications? If yes, please list name:

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

Do you have any medication allergies? If yes, please list and describe reaction: _____

Do you (circle): Drink Alcohol? Smoke Tobacco? If yes, how much? _____

Do you experience abnormal bleeding with surgery, cuts, extractions, or trauma? Yes No
Are you, or is there any chance you may be pregnant? Yes No

Put a check by any conditions below that any blood relatives have or had:

- | | | | | |
|------------------------------------|---|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Foot Problems (similar to yours) | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> TB | <input type="checkbox"/> Cancer |

Other _____

Shoe Size _____ Shoe width _____ Weight _____

Laurel Foot and Ankle Center, LLC
Northern Virginia Foot and Ankle Associates

Dr. Frank J. Smith, D.P.M. Dr. Michael A. Klein, D.P.M. Dr. William A. Gormley, D.P.M. Dr Heather Wilson, D.P.M.

Policy for Payment of Medical Services and Products Agreement

Here at Laurel Foot and Ankle Center and Northern Virginia Foot and Ankle Associates we are committed to providing you with the best care. In our efforts to provide and extend services to each and every patient, each patient will consult with and be treated by an experienced, licensed, Board Certified or Qualified Podiatrist who keeps up to date on the latest advances in Podiatric Medicine and Surgery.

If you have medical insurance, we are happy to extend the courtesy to help our patient receive the maximum allowable podiatric benefit that each patient's insurance plan provides. As you know, there are hundreds of insurance companies that offer many different types of plans. We try to participate with as many insurance companies as we can, and the numerous plans that each company offers.

Due to this vast amount of information, the daily changes in laws, regulations, and policies, we cannot guarantee that all services, at all times will be covered. In order to achieve our goal of assuring that each patient receives the best possible care, and to help our patient with their allowed medical benefits, we ask the assistance and attention of all our patients. In some cases co-pay and deductibles may be applied and those will be collected on the day services or supplies are rendered.

It is important that each patient know what their insurance plane offers for podiatry care, the services that the plane will pay for and the changes that occur within their insurance plan. It is also important that each patient keeps us informed of changes with their insurance, billing address changes and that each patient provides us with proof of insurance, as well as a picture identification card.

In the case where it is a requirement by an insurance company that a patient be seen with a referral, and in the case where treatment plans must be submitted, it is the responsibility of the patient to see that these forms are obtained and given to the appropriate person in our billing department. In the case that the referral/treatment plan is not obtained and services are rendered the patient will be held financially responsible, and foregoes our extension of courtesy to bill the insurance company on their behalf.

The courtesy of filing insurance claims is extended to our patients; all co-payments and deductables are due at the time of office visit. If you have any questions regarding our insurance acceptance policy, please ask to speak with our billing associates.

As with any service, all charges are the responsibility of each patient from the date services are rendered and payment in full is expected at the time of service is provided. To assist our patients, we accept Visa, MasterCard, American Express, Discover, Cash, and checks as forms of payment. A fee of \$50.00 will be assessed for all returned checks.

Please note that our missed appointment fee is \$ 40.00 when we are not notified 24 hours prior to the appointment time. Service charges are assessed for all accounts 30 days past due. Failure to pay outstanding balance promptly will result in actions being taken to achieve collection we use an outside collection agency.

Laurel Foot & Ankle Center and Northern Virginia Foot and Ankle Associates uses an outside laboratory for biopsies, cultures, and other lab tests. These charges are separate from the physician charges and will be directly billed from the lab to the patients and/or their health insurance company. The patient is directly responsible for any laboratory expenses. The same stipulation applies for the anesthesiologist and any outside radiology tests.

Please sign below to acknowledge that you have read and understand our policy of Payment Agreement for Medical Services and Products.

Signature of Patient or Responsible Party

_____ Date

Privacy Policy

Northern Virginia Foot & Ankle Associates, LLC

Laurel Foot and Ankle Center, LLC

This notice describes how Northern Virginia Foot & Ankle Associates, LLC & Laurel Foot and Ankle Center, LLC may use and disclose your healthcare information and how you can obtain access to this information. Please review it carefully.

Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC or received by Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC from other healthcare providers. We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information. Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time. Uses and Disclosures of Your Protected Health Information not requiring Your Consent Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results. Treatment may include: Providing, coordinating, or managing healthcare and related services by one or more healthcare providers; Consultations between healthcare providers concerning a patient; Referrals to other providers for treatment; Referrals to nursing homes, foster care homes, or home health agencies. For example, Northern Virginia Foot & Ankle Associates, LLC Laurel Foot and Ankle Center, LLC may determine that you require the services of a specialist. In referring you to another doctor, Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC may share or transfer your healthcare information to that doctor. Payment activities may include: Activities undertaken by Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC to obtain reimbursement for services provided to you; Determining your eligibility for benefits or health insurance coverage; Managing claims and contacting your insurance company regarding payment; Collection activities to obtain payment for services provided to you; Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges; Obtaining pre-certification and pre-authorization of services to be provided to you. For example, Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to

you. Healthcare operations may include Contacting healthcare providers and patients with information about treatment alternatives; Conducting quality assessment and improvement activities; Conducting outcomes evaluation and development of clinical guidelines; Protocol development, case management, or care coordination; Conducting or arranging for medical review, legal services, and auditing functions. For example, Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations. Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient. There are additional situations when Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following: As permitted or required by law. In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises. For public health activities, we may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger. For health oversight activities. We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases. Judicial and Administrative Proceedings. Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.

For activities related to death. We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

For research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

To avoid a serious threat to health or safety. We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger. For workers' compensation. We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed. Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC has taken action in reliance thereon. Any revocation must be in writing. Your Rights Regarding Your Protected Health Information You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information. , You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records. You may request that Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you. You have the right to request that Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC amend portions of your healthcare records, as long as we maintain such information. You must submit this request in writing, and under certain circumstances the request may be denied. You may request to receive an accounting of the disclosures of your protected health information made by Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization. You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically. Any person or patient may file a complaint with Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center, LLC please contact the Privacy Officer at the following:

Privacy Officer

Northern Virginia Foot & Ankle Associates, LLC
8221 Old Courthouse Road
Vienna, Virginia 22182

Privacy Officer

Laurel Foot and Ankle Center LLC 14440 Cherry Lane Ct. #104 Laurel, MD 20707 Phone: 301-953-3668

It is the policy of Northern Virginia Foot & Ankle Associates, LLC and Laurel Foot and Ankle Center that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards. This Notice of Privacy Practices is effective April 14, 2003.

Laurel Foot and Ankle Center LLC

14440 Cherry Lane Ct. #104 Laurel, MD 20707 Phone: 301-953-3668

Northern Virginia Foot & Ankle Associates LLC

8221 Old Courthouse Rd #102 Vienna, VA 22182 Phone: 703-734-1311

Dr. Frank Smith D.P.M., Dr. Michael A Klein D.P.M., Dr. William Gormley D.P.M., Dr. Heather Wilson D.P.M.

As a courtesy to our patients we will call to check each patient's insurance eligibility upon your arrival for your appointment. The items listed below may or may not be covered under your insurance policy that is services and products of the offices. If you have any questions regarding your insurance coverage please feel free to ask our billing department.

Cortisone Shot	\$135.00
Surgical Shoes	\$50.00
Foot X-Rays	\$85.00
Crutches	\$125.00
Pre-Fab Orthotics	\$75.00
Custom Orthotics	\$690.00 1 pair \$1242.00 2 Pairs
UNNA Boot	\$75.00
Night Splint	\$275.00
Velocity Ankle Brace	\$150.00
Below Knee Cast/ Walker	\$300.00
Strapping	\$40.00

Over the Counter Non-Covered Items

Ace Wraps/Ice Pack	\$10.00
Amerigel	\$40.00
Ankle AFO Custom	\$1200.00
Ankle Support	\$65.00
Bone Density Testing Dexascan	\$75.00
Corns or nail care	\$75.00
Shower Bags	\$30.00
Toe Alignment Splint	\$40.00
Theraband	\$20.00
Tripod Products Nailstat, Tineastat, Flexstat, Plantarstat, Clearstat	\$40.00
DPM cream	\$40.00
New Patient Office Visit	\$163.00
Established Patient Office Visit	\$85.00

I understand that my insurance policy may not cover the above services. I am also aware that if I decide to be treated with any of the services or products listed above, that I might be responsible for paying the full amount product(s) or services (s).

Patient Name _____ Date _____

Patients Signature _____ Date _____