

Custom Foot Orthotics

Insurance Requirements:

Most **Extended Health Insurance** plans cover “Custom Foot Orthotics”. Please **check your benefits carefully** for the details of your coverage and insurance requirements for “**Custom Made (moulded) Orthotics**” and **complete the following checklist PRIOR to your appointment**, to ensure that your insurance requirements are being met.

1. Who is your Health Benefits Insurance provider? _____
2. Are “**Custom Foot Orthotics**” covered by your plan? Yes No
3. What are the **coverage limits** of your plan for Orthotics? \$ _____
4. Do you require a **Prescription** for your Orthotics to be covered? Yes No
 - a. If YES, who is able to **PRESCRIBE** your Orthotics?

 Physician (MD) Podiatrist Chiropodist Chiropractor No Restrictions
 - b. Who is able to **DISPENSE** your Orthotics?

 Podiatrist Chiropodist Podiatrist Orthotist Chiropractor No Restrictions

Fees & Payment Policies:

Fees: Custom Made (moulded) Orthotics = from **\$450.00** per pair (Standard Shell materials)

Forms of Payment: We accept **Debit, Visa, MasterCard and Cash**

Refunds: Orthotic purchases are **100% Non-Refundable** once your order has been placed to the lab for manufacturing.

Expectations: Payment for your orthotics is **due in full at the time the order is placed**. Upon receipt of your orthotics you will be provided with the following items:

- ✓ Paid Receipt
- ✓ Gait Analysis & Biomechanical Assessment Report
- ✓ Insurance Dispensing Letter – inclusive
 - Summary of clinical findings and Diagnosis
 - Description of assessment techniques and casting method
 - Description of the manufacturing process and materials
 - Laboratory credentials and accreditation

I, _____ have made reasonable inquiry of the above information and certify that, to the best of my knowledge, the information I have provided is correct.

Patient Signature: _____ Date: _____

