

CUSTOM FUNCTIONAL FOOT ORTHOTICS -- FINANCIAL INFORMATION

If custom orthotics are an indicated procedure for you, as determined by our evaluation, the following information covers our fee policy. We take great pride in prescribing the finest custom biomechanical orthotics available. Prescription orthotics are a proven medical treatment for many conditions affecting the foot and leg. Orthotics are a cost-effective treatment to correct abnormal forces that cause pain and deformities. Often, the use of orthotics can eliminate the need for long term drug therapy, physical therapy, or surgical correction. Thus, they are covered by many insurance plans as therapeutic and preventive medical devices.

All payments for orthotics are the sole responsibility of the patient. Any insurance coverage is a contract between you and your insurance carrier. It is your responsibility as the patient to confirm whether or not your insurance carrier covers prescription orthotic devices and whether they cover the full amount. If your carrier does cover orthotic devices, we will be glad to assist you in billing your insurance, or with certain carriers, bill them for you. If your insurance carrier requires information on your medical condition to determine whether you are covered for prescription orthotics we will work with you to provide that information.

The cost of your orthotics, including billing to your insurance, is listed below:

Insurance Code	Item	Cost	Cost with Discount
L3000-Rt L3000-Lt	Orthotic Device – left foot Orthotic Device – right foot	\$249.00 \$249.00	<i>Cost with 25% administrative discount if insurance is not billed and balance paid in full at time of casting</i>
	Orthotic Total:	\$498	
		\$398	
99213 OR 99202	Office Visit – Established OR Office Visit - New	\$114 OR \$128	\$97 OR \$109

25% (\$100) Administrative Discount if Insurance Does Not Need to be Billed

If your insurance does not cover the orthotic devices, you can receive a 25% discount off the \$498 cost of the orthotics if you pay in full at the time of casting. (Orthotic cost with discount = \$398) We are able to offer the discount due to administrative savings in not having to bill your insurance. Thus, if you choose to take the discount your insurance will not be billed for the orthotics. We will still bill your insurance for the office visit if you wish. If your insurance does not cover the office visit, you can receive a 15% discount on the office visit charge if paid at time of casting and our office does not bill insurance.

Additional Pairs of Orthotics

The molds from which your orthotics are made will be electronically stored for at least two years so you can have additional orthotics made. Additional pairs are billed at \$360. **If you are paying out-of-pocket, and we do not need to bill your insurance, there is an administrative discount of \$100.00 and the cost will be \$260.**

Comfort Guarantee and Breakage / Wear Guarantee

Although it is not possible to guarantee clinical outcomes we do offer an orthotic comfort guarantee. If devices are not comfortable, we will adjust or redo the orthotics at no cost with the first 90 days. If a visit for an orthotic adjustment includes treatment other than orthotic adjustments, standard office visit charges – including co-pays - apply. In the rare instance when a patient is not comfortable in their orthotics, the orthotics can be returned, within 90 days, and patient out-of-pocket expenses will be refunded. No orthotic returns will be accepted after 90 days. Adjustments are sometimes necessary to ensure comfort and no refund will be issued unless 3 or more adjustments have been performed. Polypropylene orthotics are guaranteed against breakage for 5 yrs. Graphite and other materials are guaranteed against breakage for 1 year. Soft materials, such as covers and cushioned pads, are guaranteed for 6 months.

Office Visits

There is a no-charge visit with the **medical assistant** for pick-up and wearing instructions. If it is necessary to see the doctor for any reason, or you request that this visit be with the doctor, than an office visit will be charged. Subsequent follow-up visits are not included in the orthotic cost.

If additions to the orthotics, such as cushions or accommodations, are later required, there is no charge within 90 days of your receiving the orthotics. After that period there is a charge to cover the cost of materials. If further treatment of your condition is rendered, this is not included under the orthotic fee.

A deposit equal to what your insurance carrier states is your out-of-pocket responsibility is due at the time of casting. If coverage cannot be confirmed, a deposit of \$150 is due at the time of casting. Any amount deposited that is greater than your responsibility will be refunded upon payment by the insurance company.

When ordering additional pairs, deposit of \$150 for is due at the time devices are ordered.

Any remaining orthotic balance is due before orthotics are dispensed. If you expect your insurance to pay, please contact your carrier before picking up devices to confirm payment.

STATEMENT OF FINANCIAL RESPONSIBILITY

I have read the above information and understand that I am responsible for payment of all costs for my prescription orthotics. If a referral or pre-authorization is necessary in order for insurance to pay for the orthotics then I have confirmed that there is preauthorization. If necessary preauthorization or referral is not on file then I accept full responsibility for payment. I understand that additional materials, such as covers for the orthotics, are an additional charge. I understand that the refundable deposit is due at time of casting regardless of whether my insurance company has stated they will pay for orthotic devices.

Signature

Date