

FINANCIAL INFORMATION

following through on promised payment.

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. Orthotics are covered by many insurance plans as therapeutic and preventative 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 devises 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.

Patient Name:	Diagnosis code	e:		
The following is what you should policy: Procedure Code: L3000-R		n order to determir	ne whether orthotics	are covered under your
Are custom foot orthotics covered	I with your insurance plan?	Yes No		
If foot orthotics are covered, are t	hey covered @ 100%, or some	e other percentage	e, or a specific amoun	it?
Is prior authorization required be	ore y our insurance will cover	the orthotics?	Yes No	
If yes, what is required for pre-au	thorization?			
If a letter is required, where do w	e fax or mail it:			
If orthotics are covered, how man 1 pair per calendar year 1 pair per 12 month per	(Jan-Dec)	ver?		
Do you have a deductible? Yes	No			
Has your deductible been met? If no, how much is due on deducti				
Do you have a health savings acco	ount as part of your insurance	plan? Yes N	No	
Name of insurance company cont	act person:	Date called	d:	
Phone Number:	Fax Number: _			
Please return this form to our offi	ce at your next visit. We will l	keep it in your file i	in case of any probler	ns with your insurance