



Custom Made Orthotic Policy

Dr. David R. Reynolds has recommended custom made orthotics for your foot problem. These devices are **custom made for your feet and cannot be returned or worn by anyone else**. Many insurance companies pay for orthotics, but some do not. It is **YOUR responsibility** to know if these are covered by your insurance company. **Once the scan is sent to the lab for fabrication, YOU are responsible for all cost.** Therefore, if you are not sure you want to have the orthotics made, you should reschedule at a later date.

Must select one of the following:

INSURANCE

We will send a claim to your insurance company in the amount of **\$560.00** for the orthotics. If your insurance company **approves** the orthotics, you are required to pay any deductibles, coinsurance or co-pays. This mean that if your insurance applies the entire \$560.00 to your **deductible** you are responsible for paying this entire amount. If you are unsure about the coverage of your orthotics under your insurance policy, you should contact your insurance company. Provide them with the CPT code along with your diagnosis code.

CPT Code: L3000

Diagnosis codes: _____/_____/_____.

SELF PAY

You are uninsured and have agreed to pay for your custom-made orthotics. This claim will not be sent to insurance. The cost of the orthotics is \$420.00.

Must select one of the following:

DISPENSING POLICY

By checking this box and signing below I acknowledge I understand the Orthotic Dispensing Policy. An ID must be provided at the time of pick up. I acknowledge once the orthotics are dispensed and signed for I, the patient or guardian, assume sole responsibility for the custom orthotics.

By signing I am acknowledging I understand and agree to the above custom orthotic policy:

Print Name: _____

Signature: _____

Date: _____