

REFURBISHMENT OF ORTHOTICS

NOTICE OF NON-COVERED SERVICES FOR PODIATRY

Refurbishment of custom orthotics is not covered by insurance. Other non-covered services may include, but are not limited to: orthotic devices; e.g. arch supports, shoe inserts, or other supportive devices of the feet, such as: wedges, specialized fillers, heel straps, pads and shanks, protective shields or molds and orthopedic shoes.

Print Name: _____ D.O.B.: ____/____/____

Phone Number: _____

Your shoe size: _____ Weight: _____

Your doctor: Dr. Boggs [] Dr. Boyce []

EXISTING ORTHOTICS:

[] Refurbish same as last time.

[] Refurbish with modification: _____

How many pairs are being refurbished: _____

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PATIENT AGREEMENT

By reading and signing this agreement, I agree that I have been properly notified of possible non-covered services or products under my insurance policy. ***I agree that I will be personally responsible for full payment of all non-covered services.***

Patient Signature: _____ Date: _____

Office use only
Patient Acct# _____; Verify patient registration[]; Make sure "Name Label" is legible[]; Initial _____.