Western Washington Medical Group
Podiatry

Diplomate, American board of Podiatric Surgery.
Fellow American College of Foot & Ankle Surgeons

Jeffrey W. Boggs, DPM, FACFAS, DABPS
Kristen B. Boyce, DPM, FACFAS, DABPS
Theresa HT Nguyen, DPM

2nd PAIR ORTHOTICS/REFURBISH

Print Name: _____ **D.O.B.:** _____

Phone Home/Cell: _____

PATIENT'S REQUEST FOR ORTHOTICS: Shoe size: _____ **Weight:** _____

[ ]Existing scan, same as last pair.

[ ] Existing scan, with modification: _____

[ ] Athletic [ ] Dress Number of pair(s) requested: _____

EXISTING ORTHOTICS:

[ ] Refurbish same as last time.

[ ] Refurbish with modification: _____

Insurance: _____ **Will insurance be billed: [ ] Yes [ ] No**
Note: Patient must call insurance company to verify if second pair of orthotics is a covered benefit.

Self pay: [ ] Yes [ ] No

NOTICE OF NON-COVERED SERVICES FOR PODIATRY

Description: Podiatry is the specialized field that deals with the study and care of the foot, including its anatomy, pathology, medical and surgical treatment (including the ankle and lower extremity in some states).

Other non-covered services may include, but 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.

This is not an all-inclusive list of non-covered services and you may want to check with your insurance company first.

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.***

I agree to direct my questions regarding benefits and coverage to my insurance company.

Patient Signature Date

Office use only

Patient Acct# _____ Existing Scan# _____ Dx Codes: _____

ABN (if required)[ ]; Verify any changes to existing prescription[ ]; Attach original prescription[ ]; Verify patient registration[ ];

Make sure "Name Label" is legible[ ] Initial_____.

3202 Colby Avenue • Suite E • Everett, Washington 98201
Tel: 425.259.0855 • Fax: 425.259.0856