Western Washington Medical Group
Podiatry

Jeffrey W. Boggs, DPM, FACFAS, DABFAS
Kristen B. Boyce, DPM, FACFAS, DABFAS
Phillip A. Shaw, DPM, FACFAS, DABFAS

Fellow American College of Foot & Ankle Surgeons
Diplomate, American Board of Foot and Ankle Surgery®

REFURBISH ORTHOTICS

NOTICE OF NON-COVERED SERVICES FOR PODIATRY

Refurbishment of custom orthotics is not covered by insurance. Other non-covered services may include, but not be 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.

YOUR DOCTOR: BOGGS [ ] BOYCE [ ] SHAW [ ]

Phone number: _____

Shoe size: _____ **Weight:** _____

EXISTING ORTHOTICS:

[ ] Refurbish same as last time.

[ ] Refurbish with modification: _____

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: Attach original prescription [ ]; Verify patient registration [ ]; Make sure "Name Label" is legible [ ]; Initial ____