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Patients Name \_\_\_\_\_

Date \_\_\_\_\_

### MARATHON ORTHOTIC CHARGES

<b>Accommodative &amp; Carbon Fiber</b>	<b>\$250.00</b>
<b>Sport/Functional</b>	<b>\$250.00</b>
<b>Medicare Diabetic Program</b>	<b>\$250.00</b>

The above is a list of cost you may incur as a patient of Orthopaedic Consultants. Your evaluating therapist will review this list with you.

We will gladly call your insurance company to verify your benefits for foot orthotics. We also recommend that you call to **verify your own benefits**. (As a provider, information quoted to us cannot be guaranteed.)

The code for the Orthotics is **L3020** to pre-authorize through your insurance company.

1. A 100.00 deposit is due upon the date of casting.
2. The balance is due on the date of orthotic pick-up.
3. Once you place your order for orthotics, you will be responsible for the entire balance whether or not you pick them up.
4. The foot orthotics are custom molded to you foot measurements and cannot be returned.
5. The cost of your orthotics includes any necessary adjustments within 60 days following your initial dispensing visit. **Subsequent office visits may entail charges, which will be determined by your therapist.**
6. We will submit the full charge to your insurance carrier; however, you are responsible for full payment relating to any deductible, co-pay, co-insurance and determinations of non-covered services.
7. We will retain your foot molds used to make your orthotics permanently.

I understand the information stated above and my responsibility as presented.

Patient/Guardian Signature: \_\_\_\_\_