

Prescription orthotics are a proven medical treatment for many conditions affecting the foot and lower leg. Orthotics are cost-effective inserts prescribed to correct abnormal biomechanical forces that cause pain and deformities. They last 5 years or longer depending on usage, and can be refurbished by our orthotic lab when they begin to show wear.

Often, the use of orthotics can eliminate the need for long-term drug therapy, physical therapy, or surgical corrections. Thus, they are covered by many insurance plans as therapeutic and preventive medical devices.

The cost of functional orthotics is \$800 per pair. A claim for \$800 will be submitted to your insurance company with a letter of medical necessity. We'll be glad to offer a 25% quick pay discount (\$600) to any party whose orthotics are not covered by insurance. Discounted payments for the orthotics must be made in full on the day the orthotics are dispensed.

**Orthotics are a custom item and cannot be returned. If you have concerns about orthotic coverage, the following inquiries should be made to your insurance company: We will submit charges to your insurance company 24 hours after casting unless you call with other instructions.**

Call the number on your insurance card and ask the following questions:

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| <p><i>Are custom functional orthotics covered under my plan?</i>      <input type="checkbox"/>yes      <input type="checkbox"/>no</p> <p><i>If yes, at what percentage are they covered?</i> _____</p> <p><i>Is prior authorization required before orthotic coverage is considered?</i>    <input type="checkbox"/>yes      <input type="checkbox"/>no</p> <p><i>If yes, what is required for pre-authorization?</i> _____</p> <p><i>If a letter or other information is required, where should my doctor fax or mail it?</i></p><br><p><i>If orthotics are covered, how many pairs per lifetime are covered?</i></p> <p><input type="checkbox"/>1 pair per calendar year (Jan-Dec)    <input type="checkbox"/>1 pair per 12-month period    <input type="checkbox"/>unlimited</p> <p>Record the following information as well and retain it for future reference.</p> <p><i>Name of insurance company contact person:</i> _____</p> <p><i>Date called:</i> ____/____/____</p> |
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If your insurance carrier requires information on your medical condition to determine whether you are covered for prescription orthotics we will work with you to provide that information as quickly as possible.