



**PLEASE READ!!!** A DIVISION OF PROLIANCE SURGEONS **PLEASE READ!!!**

**ORTHOTIC WAIVER**

Date: \_\_\_\_\_

SHOE SIZE: \_\_\_\_\_

Patient: \_\_\_\_\_

You have chosen to have an orthotic fabricated which is a device that is intended to relieve your pain and improve your function. Estimates are not a guarantee of coverage, and we encourage you to contact your insurance company for specifics regarding your policy. This is an easy step towards understanding your financial responsibility. Deductibles and copays may be a consideration. If the insurance company states orthotic benefits are available and they later deny the claim for any reason, it will be your responsibility to appeal the claim. Even if there are benefits available for orthotics on your insurance plan, deductibles and subscriber co-insurance will be the responsibility of the patient.

*The total cost of orthotics is \$550.00. I have been given the product code L3000 to check with my insurance carrier for coverage. I have read the above statement and agree that I will be responsible for any or all of the \$550.00 orthotic charge that is not covered by my insurance. If orthotics are NOT a covered benefit of my insurance, I agree to pre-pay \$150 at the time of my visit.*

If you are not satisfied with your orthotics, you may return them within 90 days from the date of dispense. We will retain \$150.00 for materials and handling.

\_\_\_\_\_  
Signature of patient or guardian

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To find out whether your insurance covers orthotics, please call the customer service number located on the back of your insurance card. You will need the code L3000 to see if you have orthotic benefits available.



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### ORTHOTIC CARE AND INSTRUCTIONS

Your orthotics have been custom made to the specifications of your foot and the corrective evaluation of the doctor. When you first start wearing your orthotics, there will be an adjustment period. You may experience some discomfort in your feet and/or legs. Don't be discouraged, as this is an indication that your orthotics are functioning properly. However, if you experience sharp or long-lasting pain, you should return to the doctor with your orthotics. (There may be an adjustment necessary to help them fit properly, align them with your shoe inserts and cut the excess).

We recommend breaking in your orthotics gradually, increasing your wearing time by 2 hours daily until you are wearing them comfortably all day. (ie; Day 1: 2 hours, Day 2: 4 hours, Day 3: 4 hours, etc.) **DO NOT** break in orthotics too fast! An accelerated break in time may result in muscle cramps and joint pain anywhere from the tip of the toe to the hip.

**DO NOT** attempt athletic activities with your orthotics until you can wear them comfortably all day in your regular foot wear. Then you may gradually introduce them to sporting activities.

Please don't be discouraged if you're break-in time takes a little longer than "normal!"

### TIPS FOR ORTHOTIC WEAR

1. The orthotics should be worn with stockings to minimize skin irritation
2. You would feel no sharp edges or ridges. There should be some pressure in the arch area.
3. If your orthotics "Squeak", use some talcum, baby or foot powder in your shoes.
4. The orthotics may be cleaned by wiping them with a wet soapy towel. Do not submerge in hot water.
5. Avoid leaving the orthotics in hot places.
6. If your orthotics have a top cover that gets worn out over a period of time, they can be recovered for a minimal fee by returning them to the doctor's office so they can be sent to the lab.

Orthotics are custom made shoe inserts fabricated from non-weight bearing molds of your feet. These molds are then sent off to an orthotic lab. It takes approximately 2-3 weeks for us to get the orthotics back at which time you will be notified.