CUSTOM MADE ORTHOTICS

THIS FORM MUST BE <u>FILLED OUT</u> AND <u>COMPLETED</u> BEFORE YOUR APPOINTMENT. IF FORM IS NOT COMPLETE, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED.

Patient's Name: _____

Information to ask your insurance carrier:

The billing code used for orthotics is **L3000 x2** (Make sure you give your insurance representative this code when checking your benefits. Your insurance will be billed for the left & right foot).

Are orthotics covered by my plan?   YES   NO

IF YES:

1. Does my insurance cover more than 1 pair a year? YES   NO
    **If yes, how many per year? _____

2. At what percent are they covered? _____

3. Do I have a deductible?   YES   NO
    a. If yes, how much is my deductible per year? _____
    b. Has my deductible been met?YES   NO
    c. If no, how much is remaining? _____

4. Is pre-authorization required?   YES   NO
    a. If yes, please call the office to inform us that authorization is needed at (703) 584-2040 ext. 1728.

Name of insurance: _____
Person you spoke with: _____   Date: _____

Financial Information: It is your responsibility as a patient to determine whether or not your insurance carrier covers prescription orthotics, and whether they cover them in full. Payments are required at the time of your visit. Orthotics will not be ordered until payments are made. If your insurance requires pre-authorization, it is your responsibility to call the office before your appointment so that we can obtain authorization. You will not be seen for your appointment if authorization has not been obtained or if you come without this form completed. This applies to patients with primary and secondary insurance. **United Healthcare and Tricare required authorization.**

If custom made orthotics are not covered, please call (703) 584-2040 ext. 1629 to discuss your financial responsibility or other treatment options.

Patients must arrive 15 mins prior to their scheduled appointment time. If you arrive late, you will be asked to reschedule.