



The Foot Clinic, LLC

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Board Certified in Foot and Ankle Surgery and Wound Care

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Patient Orthotic Service Agreement

All payments for orthotics are the sole responsibility of the patient.

*Any insurance coverage is a contract between you and your insurance carrier. **It is your responsibility, as the patient, to confirm whether your insurance carrier covers the prescription custom orthotics, and whether they cover the full amount.***

Payment is due at the time of service.

We require a deposit of \$187.50 at the time your feet are casted for your custom medical orthotics. The remaining \$187.50 is due at the dispense appointment.

The amount billed for the custom medical orthotics (L3000) is \$375.00 per pair (\$187.50 each foot) – this may exceed the cost that your insurance will allow. The cost for a *second pair* of orthotics is \$200 if they are ordered *within six months* of the original casting.

By signing below, I have read the above information and understand that I am responsible for payment of all costs for my prescription orthotics. **If a pre-authorization is necessary in order for insurance to pay for the orthotics, then I have confirmed that there is a pre-authorization.** If necessary pre-authorization is NOT on file, then I accept full responsibility for payment.

Patient/Guardian Signature: _____

Printed Name: _____ Date: ___/___/___