

Advanced Podiatry

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CUSTOM ORTHOTIC BENEFIT AND AUTHORIZATION FORM

- Date: _____
- Custom Orthotic Procedure Code: **L3000**
- Diagnosis Code: _____
- Patient Name: _____
- Insurance Company: _____
- Insurance Company Phone #: _____

Please ask the following questions:

- Am i a Diabetic? (circle one) YES NO
- Are Custom Orthotics a covered benefit? (circle one) YES NO
- If yes, how much? _____
- Deductible amount: \$ _____ How much has been met?: \$ _____
- Out-of-Pocket amount: \$ _____ How much has been met?: \$ _____
- Is a precert or authorization needed? _____
- Are we allowed to make the orthotics in our office? _____
- Name of Insurance Company Rep that provided you this information: _____
- Call Reference #: _____

If your Insurance Company advises that you do have coverage for “orthotics” and then for whatever reason, denies your claim, by signing this waiver you are accepting responsibility for the full charge of the orthotics.

If you have no orthotic coverage and still wish to get them, we require 1/2 or 50% of the orthotic fee on the day you are casted and the remaining 1/2 or 50% is due when you are dispensed the orthotics.

****Please note: Custom Orthotics are specifically made for your feet and are NON-REFUNDABLE**

If an adjustment is need for the orthotics, we will be more than happy to adjust them if necessary and if within 6 months from dispense.

If your orthotics are not picked up by you within 3 months from the date of casting, they will be disposed of. Advanced Podiatry will NOT refund you or your Insurance Company for the cost of any orthotics not picked up.

Responsible Party or Patient Signature: _____

Date: _____