

**(PRACTICE NAME)**  
**Service Agreement  
for Orthotic Devices**

Custom-made biomechanical orthotic devices are sometimes a non-covered durable medical equipment (DME) service as determined by your insurance carrier. We have  have not  contact your insurance carrier. We have found that you do  do not  have coverage for these custom-made DME devices.

We will be providing the following services and billing your insurance company the following fees:

- a. biomechanical evaluation of each foot at **\$50.00** per extremity;
- b. plaster casting materials for each foot at **\$45.00** for these supplies; and
- c. custom-made biomechanical orthotic devices for each foot at **\$400.00** per foot.

If there is no insurance coverage available you will be given a courtesy discount so that your total fee will be no more than **five hundred ninety-five (\$595.00)** dollars. This amount is payable at the time the biomechanical evaluation and casting are provided unless prior arrangements are made. Follow-up visits are not included in this agreement and will be billed accordingly.

There will not be any refund for any of the services, materials or for the devices as these devices are custom-made and our time has been spent providing these services for you. There is no guarantee that the biomechanical orthotic devices will relieve any or all of your pain or other foot problems.

This agreement is not nullified by any external factors such as failure to keep scheduled appointments or the time it takes for the laboratory to custom-make the biomechanical orthotic devices.

**I have read the above and agree to the terms as set forth.**

\_\_\_\_\_  
**Patient (or responsible party) Full Name & Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Full Name & Signature**

\_\_\_\_\_  
**Date**