

CONSENT TO TREAT

I hereby authorize Orthotic and Prosthetic Technologies to provide requested orthotic and/or prosthetic services.

WARRANTY POLICY

The warranty period for custom orthoses and prostheses is three months for workmanship and materials. Although O & P Technologies cannot be responsible for physiological or anatomical changes in a patient's medical condition, we will attempt to maintain proper fit during this period. Normal adjustments to enhance fit will be made at the discretion of the practitioner at no charge for a period of up to one year. Additions of components, straps, lifts, etc. prescribed by a physician will incur a charge. There will be a separate charge for adjustments or repairs that are made as a result of abuse or tough wear, as may occur from sporting, vocational, or unusual activities.

Since orthoses and prostheses are prescribed at the direction of a physician, and are custom fabricated for the anatomy and medical condition of each individual, they cannot be returned for credit or refund. Prescribed "off the shelf" items cannot be returned for hygienic reasons.

Please communicate any problems or discomfort you are experiencing to your practitioner immediately to allow us to resolve these problems as efficiently and quickly as possible. We will make every attempt to meet your needs.

PAYMENT AND POLICY AGREEMENT

To prevent any misunderstanding about medical insurance, we wish to point out that: (1) Payment for all medical service furnished are the responsibility of the patient; (2) Deductibles and/or co-payments are due at the time services are rendered; (3) Fifty percent (50%) of the balance for non-covered custom-made devices is due at the time of cast and measure, with the balance due at the time of delivery; (4) O & P Technologies will bill your insurance company as a courtesy to you, however, O & P Technologies is not responsible for non-payment from the insurance company; (5) If, due to unforeseen circumstances, additional procedures and/or treatments are necessary beyond what has been previously approved, patients must make arrangements for payment; (6) Patients are expected to keep their accounts current while waiting for their insurance company to remit pay.

Your insurance coverage is a contract between you and your insurance company to help you meet medical expenses. Because benefits can vary greatly, it is not possible for O & P Technologies to provide services on the basis that your insurance company will pay all charges. O & P Technology can in no way guarantee coverage. Benefits are determined by your insurance at the time your claim is processed. All benefits calculations are only an estimate, based on information obtained from your insurance company. The actual final Total Patient's Responsibility may be different than what was previously calculated by O & P Technologies.

Payments may be made by check or money order. A \$35.00 fee will be assessed for any check returned for any reason.

Responsible Party's Initials: _____

ASSIGNMENT OF BENEFITS

I hereby authorize O & P Technologies to release necessary medical information to my insurance carrier(s) to process my medical claim. I also authorize my insurance carrier to pay benefits directly to O & P Technologies.

I request that payment of authorized Medicare benefits be made to O & P Technologies on my behalf for any services furnished me by O & P Technologies, including physician services. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits for related services.

I, the undersigned, have read and understand these policies and agreements and hereby consent to all of the above.

Signature of responsible party: X _____ **Date:** _____

Patient/Customer will receive equipment according to physician's prescription and will receive instruction in the safe and proper use of and maintenance of such equipment.