

GARY S. SCHEININ, D.P.M.
A PROFESSIONAL MEDICAL CORPORATION
DIPLOMATE, AMERICAN BOARD OF FOOT & ANKLE SURGERY

FELLOW, AMERICAN
COLLEGE OF FOOT &
ANKLE SURGEONS

BOARD CERTIFIED IN
FOOT & ANKLE
SURGERY

Patient Orthotic Service Agreement

It is YOUR RESPONSIBILITY to find out if your specific insurance plan covers medical orthotics. My office will send any necessary billing information to your carrier to process your claim.

We require a deposit of \$200.00 at the time your feet are casted for your orthotics.

We provide premium medical orthotics for a fee (\$650.00) that will (most likely) exceed the amount allowed by your insurance company. More specifically, the fee allowed by your insurance company may not fully pay for medical custom orthotics

Medical orthotics are made from casts/models of your feet. The casts are sent to a special orthotic lab where the fabrication fees run two to three times higher than the lab fees for non medical orthotics. Medical orthotics are made out of better materials and generally speaking, can be more specifically modified for your needs.

For your information, many shoe stores are selling "custom orthotics" for \$300.00, made from a scanned image of your feet. These are NOT MEDICAL devices and not covered by medical insurance as such.

Our fee for orthotics is the amount allowed by your insurance company for the orthotics plus any portion not covered by your insurance company. The amount billed for the Medical custom orthotics (L3000) is \$ 650.00 per pair (\$325.00 each foot).

I want premium medical orthotics made. I understand separate fees are being charged: an orthotic fee covered by my insurance company and possibly a materials fee NOT covered by my insurance company. The total fee for these medical orthotics is \$650.00. Other fees, casting, materials or office visits are separate from the orthotic fee.

This Agreement supersedes your insurance's contracted fee to Dr. Gary S. Scheinin for orthotics.

Signature: _____ **Date:** ___/___/___

PATIENT OR GUARDIAN

Patient Name (printed): _____