



Prairie Path Foot and Ankle Clinic

Custom Orthotic Call Guide

Your doctor has recommended custom orthotics for the treatment of your foot condition. Orthotics control the function of the tendons and muscles of the feet placing them in the optimal functioning position. Custom made orthotics are designed to correct deformities that cause foot dysfunction in the foot. Prescription orthotics often relieves the symptoms associated with a variety of foot disorders and serve as ongoing therapy. As a preventative treatment orthotics may halt the progressive degeneration experienced in the uncontrolled dysfunction of the foot. Prescription orthotics in many cases is a cost-effective, conservative therapy when compared to surgery. They are medically necessary prescription devices.

Patient: _____

Diagnosis: _____

In order to assist you with retrieving your insurance benefits we have created a guide with questions you may want to ask your insurance company to ensure you are fully aware of your possible out-of-pocket expense.

Procedure Code Numbers and prices for insurance purposes:

Orthotic Device Right	RTL3000	\$350
Orthotic Device Left	LTL3000	\$350

Be sure to ask:

*Are custom made orthotics are covered under the billing code L3000 with the diagnosis code of _____?

*At what percentage?

*Is there a deductible/co-pay/co-insurance, if so what amount?

*Any precertification or predeterminations required?

*Any exclusions?

For those who must pay out of pocket, we do offer a cash pay discount with a \$200 deposit at the time of scanning and a final payment of \$200 when they arrive. Insurance companies will NOT be billed.

OPTIONS:

#1) I HAVE CONTACTED MY INSURANCE AND UNDERSTAND ANY UNCOVERED PORTION IS MY RESPONSIBILITY. PLEASE ORDER MY ORTHOTICS.

SIGNATURE _____ DATE _____

#2) I AM CHOOSING NOT TO CONTACT MY INSURANCE COMPANY. I UNDERSTAND ANY DEDUCTIBLES, CO-PAYMENTS and CO-INSURANCE PRE-AUTHORIZATIONS ARE MY RESPONSIBILITY. PLEASE ORDER MY ORTHOTICS.

SIGNATURE _____ DATE _____

#3) I AM CHOOSING NOT TO ORDER ORTHOTICS AT THIS TIME. I UNDERSTAND IT IS AGAINST MEDICAL ADVICE AND IT MAY IMPEDE OR PROLONG MY RECOVERY.

SIGNATURE _____ DATE _____