

Landmark Foot and Ankle Center

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- Today I understand that I am reordering a new pair of orthotics.

-I understand that the, price of the devices (one pair) are **\$395.00.**

-I understand that my insurance may cover the cost of the orthotics.

-However, in the event that the insurance company does not cover the procedure/durable medical equipment, I understand that I will be responsible for the amount listed above and/or the amount not covered by insurance.

Print Name: _____

Signature: _____

Date: _____