

Landmark Foot and Ankle Center

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-Today I have been scanned for custom orthotics.

-I understand that the price of these, to include a scanning fee, and the orthotics (one pair (*Left Foot and Right Foot*)) are **\$550.00**.

*Today I am paying the **\$150.00 deposit** required in order to have my orthotics ordered today. I will pay the remainder amount due (if any) at the time of pick up. I understand that if a refund is due, it will be processed back into the account I used to make the deposit.*

I am choosing to wait until the billing has come back from my insurance company so I know the exact coverage and amount due (if any) of my orthotics. After the billing is finalized, I authorize landmark foot and ankle to place the order for my orthotics.

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

- Once billing is finalized, I will be called to pick up the orthotics and any balance remaining must be paid in full before orthotics can leave the office.

Print Name: _____

Signature: _____

Date: _____