

Landmark Foot and Ankle Center

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- I am **re-ordering custom orthotics** today. I understand that the total cost of one pair of custom orthotics (left and right foot)—is **\$550.00**.
- **Balance Due at Pickup:** Once fabrication is complete, I will be notified to pick up my orthotics. Any remaining balance must be paid in full before the orthotics can leave the office.

Payment & Insurance Options (Please select one)

- Deposit Option: I wish to proceed with my order immediately and am paying a \$150.00 deposit today. I agree to pay any remaining balance at the time of pickup. If a refund becomes due, it will be processed back to the original account used for this deposit.
- Insurance Verification Option: I prefer to wait for my insurance company to process the preliminary billing so I know my exact coverage and out-of-pocket responsibility. I authorize Landmark Foot and Ankle Center to place the order only *after* this insurance billing is finalized.

Insurance Non-Coverage Notice:

In the event that my insurance company denies coverage for the custom orthotics, I understand that I am fully responsible for the \$550.00 purchase price or any remaining balance not covered by my plan.

Adjustment & Refund Policy:

- **Out-of-Pocket Refund Policy:** We want to ensure your treatment is successful. If the orthotics prove unsuccessful after subsequent clinical adjustments, patients are eligible for an 85% refund calculated solely from the amount paid directly out of pocket. This refund does not apply to any funds billed to, or paid by, your insurance company.

Signature: _____

Print Name: _____ **Date:** _____