

ENROLLMENT in the Orthotic Warranty Program will provide for repair or replacement of the orthotics made for:

Account Name: _____

Patient Name: _____ Number: _____

AT THE TIME OF ENROLLMENT, THE POSITIVE CASTS WILL BE PLACED IN STORAGE FOR TWO YEARS.

THE BENEFITS of this warranty program take effect once we receive your enrollment request and check. The coverage is for two years from that date. Biomechanical Services will notify your health care provider of your enrollment. You must enroll within four months after receiving your new orthotics.

ADJUSTMENTS, REPAIRS AND REPLACEMENTS will be handled through the prescribing practitioner, only, as they will have the most complete records. Biomechanical Services will make any modification prescribed by your health care provider, at no charge, under this program. If your orthotics break, and are determined to be irreparable, another pair will be made, at no charge, once the devices are returned to our laboratory for evaluation. The replacement orthotics will be returned to your health care provider, noted above.

LOST OR STOLEN orthotics should be reported to the prescribing practitioner. There will be a \$20.00 replacement charge per device (\$40.00 per pair), each time new orthotics are made. Your health care provider will make the necessary arrangements for your replacement devices.

CHILDREN seventeen (17) years of age and younger who have outgrown their orthotics may have one pair of devices replaced, at no charge, if they were of eligible age at the time of enrollment. New negative casts will be required for new orthotics being replaced due to outgrowth, to insure accuracy.

RETURN THIS PORTION WITH YOUR CHECK

Number: _____ Date: _____

ORTHOTIC WARRANTY APPLICATION FORM

Name _____ Birthdate _____

Address _____

City, State, Zip _____

Telephone _____

ATTENDING HEALTH CARE PROVIDER

Name _____

Address _____

City, State, Zip _____

Telephone _____

ENCLOSED IS MY CHECK OR MONEY ORDER FOR \$50.00, PLEASE ACCEPT MY COMPLETED APPLICATION AND ENROLL ME IN THE BIOMECHANICAL SERVICES EXTENDED WARRANTY PROGRAM.

Signature _____