

Service Contract

REFURBISHMENTS, ADJUSTMENTS, and REPAIRS* can be made on any thermal plastic device – even if we did not make it originally- for an enrollment fee of \$40.00.

Biomechanical Services will make modifications to your orthotic devices at any time during this 2 year period, when requested by your provider.

The benefits of this program take effect once we have received your enrollment form and payment. The coverage lasts for 2 years from that date. Biomechanical Services will notify you and your orthotic provider of your completed enrollment.

*If your orthotic shell is broken and the lab determines that it can be custom copied, then REPLACEMENT orthotic can be fabricated for an additional fee of \$20.00 per device.

SERVICE CONTRACT ENROLLMENT FORM

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

HEALTH CARE PROVIDER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

Payment Options: Check Money Order Credit Card – Visa/MC/AMEX

If paying by credit card please complete the following: *Circle card type above*

Account #: _____ Exp. Date: _____
Billing Address: _____

Enclosed is my payment of \$40.00 for enrollment in the Service Contract program.

Signature: _____

BIOMECHANICAL Services, Inc. use only

Number: _____

Date: _____

