



<i>For County Physical Therapy use only</i>
<i>CPT Clinic:</i>
<i>CPT Employee:</i>
<i>Date of Orthotic Fitting:</i>

<b>Patient Name:</b>	<b>Date of Birth:</b>
----------------------	-----------------------

**Custom Orthotics  
Supplemental Financial Responsibility Agreement**

Custom Orthotics fitted and received from County Physical Therapy are a Cash & Carry product, and must be paid in full before receipt of the orthotics. The current price of Custom Orthotics is **\$300.00** for the initial pair, and **\$150.00** for each additional pair made from the same mold. This price includes the creation of a custom mold, the fabrication of the Custom Orthotic, and an initial fitting with any required modifications. A deposit of \$150.00 is required prior to the orthotic molding process, with the balance due prior to receipt of the completed Custom Orthotic. Adjustments to the Custom Orthotic can be made by County Physical Therapy within the first 30 days after the initial fitting at no extra cost. After that time period, the patient will be charged for adjustments or modification of the Custom Orthotic at the rate of \$15.00 for each 15 minutes of modification time required, with a minimum charge of \$15.00.

Due to the custom nature of these orthotics, most insurance companies do not cover the full cost of the orthotics. For this reason, County Physical Therapy requires full payment from the patient, and does not routinely submit charges to insurers or 3<sup>rd</sup> parties for reimbursement of Custom Orthotics.

If you wish to have County Physical Therapy submit to your insurance company or a 3<sup>rd</sup> party, you must agree to the following conditions:

1. Payment to County Physical Therapy is expected be made in full for Custom Orthotics, regardless of insurance coverage or 3<sup>rd</sup> party payment.
2. If the insurance company or 3<sup>rd</sup> party, for any reason, denies coverage or reimburses for an amount less than the full amount, you agree that County Physical Therapy is entitled to retain and/or balance bill the patient for any unpaid amount, and that you are responsible to make this payment.
3. If the insurance company or 3<sup>rd</sup> party does reimburse in full, or for any amount already paid, County Physical Therapy will promptly refund to the patient any excess amount paid by the patient.

By my signature below, I acknowledge that I have read, understand, and agree to the Supplemental Financial Responsibility Agreement of County Physical Therapy, LLC. pertaining to the fitting and receipt of Custom Orthotics.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Party Guarantor (Organization & Authorized Agent): \_\_\_\_\_

3<sup>rd</sup> Party Guarantor Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Patients who are unwilling or unable to agree to the financial responsibility terms regarding Custom Orthotics at County Physical Therapy may proceed as follows:*

- *For patients who desire Custom Orthotics to be paid only through their insurance coverage, County Physical Therapy can direct you to an alternate provider. Maine Orthotics and Prosthetics, which is the manufacturer CPT is affiliated with, is based in Portland and does participate with most insurances to bill your Custom Orthotics.*
- *Alternative, non-custom orthotics are usually available. Although they are not custom-molded to your foot, they provide a lower-cost alternative to Custom Orthotics.*
- *Patients may also reimburse County Physical Therapy in full for their Custom Orthotics, and seek reimbursement directly from their insurance company or 3<sup>rd</sup> party.*