

Patient Name

Shoe Type (circle one)

of pairs

Eastside Sports Rehabilitation Clinic

Your physician has referred you for a biomechanical evaluation and orthotics in an attempt to decrease or eliminate low back and/or lower extremity symptoms. This is very often done as a less invasive method to control your symptoms. In some cases this alone will not resolve your symptoms, in which case your PT will work with your Physician to determine further course of intervention.

A biomechanical examination deals with the structure and function of the feet as they relate to each other in their relationship to the legs, hips, and spine. The evaluation will develop a complete functional picture and examine specific symptoms as they relate to any abnormal findings.

Prescription biomechanical orthotic devices are custom made to specifically control the function of your particular foot. They are not simply arch supports. Requiring several days of meticulous construction, the orthotic is shaped and corrections are made to closely control your foot mechanics. Efficiency of weight-bearing stresses through the feet and legs are improved due to enhanced position and muscle action. Lower extremity and low back symptoms can ultimately be decreased or eliminated with the use of properly prescribed biomechanical orthotic devices.

Please bring or wear appropriate clothing for a proper biomechanical evaluation. Shorts and an athletic top are suggested. Also, bring the pairs of shoes you wear for various activities for evaluation.

CONCEPTS:

- Understand the biomechanics of the foot and its influence on the lower extremity and gait.
- Understand how faulty biomechanics can lead to pathology or problems.
- Understand the role of biomechanical orthotic devices and treatment of faulty biomechanics.
- Accurately cast and capture proper foot alignment for fabrication of orthotic devices.

Please read the information below with respect to our “fee policy for biomechanical orthotic devices.”

PAYMENT POLICY:

As a courtesy to you, we will bill your primary insurance company. This treatment may or may not be a covered expense with your insurance policy. Generally, insurance coverage is not 100% for physical therapy. We do ask that you contact your insurance company regarding your coverage. For your convenience, we accept cash, credit card or personal check.

Initial visit, for biomechanical evaluation, and casting supplies \$199 to \$303.00

Orthotic device \$385.00

Pick-up visit/additional visits necessary for adjustments \$104.00 to \$208.00

PLEASE NOTE: ORTHOTIC REPAIRS/REFURBISHMENTS OF OLD ORTHOTICS IS NOT A SERVICE WE BILL TO INSURANCE, REGARDLESS OF COVERAGE. INSURANCE DOES NOT REIMBURSE US FOR OUR LAB FEES AND SHIPPING COSTS, THEREFORE, WE DO THIS AS A COURTESY FOR OUR PATIENTS, REQUIRING A CASH FEE DUE IN FULL AT TIME OF PICK-UP.

Patient initials _____ Date _____

We require payment at the first visit for the orthotic devices, \$385.00 (per pair), unless we have received verification of coverage from your insurance company. Additional fees apply for modifications and repairs as necessary. Your orthotic devices have been custom made especially for you. Because of this, they cannot be returned or refunded.

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits are paid directly to the physical therapist. I am financially responsible for any balance due. I also authorize the physical therapist or insurance company to release any information required for this claim.

Signature of Patient (or patient’s authorized representative) Date