

## Insurance Coverage

Alliance Prosthetics & Orthotics has reached out to your insurance company to verify your benefits and eligibility. We do our best to obtain accurate information regarding your deductible, out of pocket maximum, and co-insurance. However, the information we receive from your insurance company may not always be accurate and is VERY limited as to what we can see. Because of this, we can never be completely sure of what your insurance will cover until you receive your device, and it is billed out to the insurance company.

- **After your initial evaluation** your practitioner gives specific codes for the treatment you will receive. Based on these codes and the limited information we are allowed to see in your policy we developed a service estimate. If the device that is needed is covered under your personal policy, this estimate is what your insurance will cover and then what you would be responsible to pay. It's important to remember that this estimate is just an approximation of the cost we expect you to be responsible for. Since this is your personal policy, you must verify if it is covered and how many are covered. We cannot guarantee this price is accurate. Because of this, we require patients to sign a Financial Responsibility form stating that if insurance does not cover your device, you will be financially responsible for the cost of the device.
- **After your device is delivered to you**, we bill your insurance using the codes the practitioner determined to use for your device. We are unable to bill your insurance prior to delivering the device to you, so we must collect payment for the device based on our service estimate before you are able to take your device home. Once your insurance company informs us of coverage, we will contact you if our estimated coverage is different than what insurance covered. If they do not cover the device as we estimate, we will need to collect additional payment from you. Therefore, it is very important you know your personal policy. If they cover more than we estimated, we will contact you to refund the payment. We do not accept returns/refunds for devices unless there is a manufacturer problem. If you are not satisfied, we can adjust the device(s) as much as needed to make sure it's doing what it needs to.

If you would like to reach out to your insurance company to see exactly what you are responsible for, we would be happy to print the codes we will bill so that you can confirm coverage with your insurance company prior to us ordering your device.

Please **initial** either yes or no for each of the items below:

Yes \_\_\_\_\_ No \_\_\_\_\_ - I have previously had a device on that leg/foot or knee before (for lower orthotics), OR I've previously had a back brace before (for LSO or TLSOs).

Yes \_\_\_\_\_ No \_\_\_\_\_ - I understand that my insurance is not billed until the day my device is provided to me.

Yes \_\_\_\_\_ No \_\_\_\_\_ - I understand that the service estimate is only an estimate and does not guarantee the exact amount my insurance will pay.

Yes \_\_\_\_\_ No \_\_\_\_\_ - I understand that if my device is provided to me after my annual deductible restarts for the year, I will be responsible for any financial difference for the device.

Please select **ONE** of the following options and sign/date below:

**I would like a copy of the codes you will bill out to my insurance company. I will call my insurance company to confirm coverage and will contact Alliance P+O if I would like to move forward with the device.**

If moving forward, I understand that insurance authorization as well as a signed order from my doctor must be obtained by Alliance before they can move forward with my device. I also understand that the service estimate is just an approximation of my out-of-pocket responsibility. I understand that I am financially responsible for what my insurance does not cover, and Alliance does not accept returns or refunds for ordered items unless there is a manufacturing problem with the device(s).

**I would like Alliance P+O to move forward with my device.** I understand that insurance authorization as well as a signed order from my doctor must be obtained by Alliance before they can move forward with my device. I also understand that the service estimate is just an approximation of my out-of-pocket responsibility. I understand that I am financially responsible for what my insurance does not cover, and Alliance does not accept returns or refunds for ordered items unless there is a manufacturing problem with the device(s).

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Signature

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Date