



ALLIANCE

PROSTHETICS + ORTHOTICS

What patients/Alliance need to know about their insurance:

1. What is my deductible for orthotic/prosthetics? _____
 - a. What is my Individual deductible and family deductible? _____
 - b. Does co-insurance kick in when individual or family deductible is met? Which one? _____
2. What is my co-insurance (in network or out of network for orthotics/prosthetics)?

3. What is my out-of-pocket max (individual or family for orthotics/prosthetics)?

 - a. Does my insurance cover 100% after I meet my individual out-of-pocket max or after the family out-of-pocket max is met? _____
4. Are there any exclusions or limits for specific CPT codes? _____
5. Is there an annual max \$ amount for orthotic and/or prosthetic devices? _____
6. Do I have any co-pays for orthotic and prosthetic devices? _____

This is all the information we need to be as accurate as possible when going over financials with you. We use an online service portal for verification and authorization and cannot always see and know everything you have access to. We encourage you to call your insurance to find out this information as much as possible so we can more accurately communicate to you how much insurance will cover; every personal policy is different. We try to find this information but cannot always see everything listed here. Even if we have all this information, we still can only ever give you an estimate. Once we deliver and bill your insurance, whatever they do not cover, you will be responsible for. We want to make sure you do not have to pay more than is needed.

What we charge you is for the cost of the device. It also includes all your visits, and any adjustments or repairs in the first 90 days after delivery.