## **Custom Orthotic Billing**

We do not bill insurance companies, auto insurance, worker's compensation claims, or any other third party payor for custom orthotics. The Phits custom 3D printed orthotics is a cash based service offered at our facility payable at the time of service. You will be provided applicable diagnosis codes based on your reported injury history as well as typical billing codes associated with custom orthotic fitting. You *may* be able to use this information to submit for reimbursement to your insurance company *on your own*.

Letters of medical necessity, physician referrals, prior authorization, and/or specialized diagnosis or billing codes will not be provided and if needed are the responsibility of the customer.

It is the responsibility of the individual to verify and understand their insurance coverage for custom orthotics.

If you have a health savings account (HSA) or flexible spending account, you may be able to use this as a form of payment. This has become a very popular method of getting custom orthotics. Please check with your insurance plan.

## Fees:

\$75.00 - Gait analysis, evaluation, and education (Credited to cost of orthotics if purchased within 30 days of scan)

\$399.00 — Set of custom orthotics, right and left (not inclusive of any discount or special offer)

\$275.00 - Additional pairs of orthotics (if ordered within 6 months)\*\*\*

## There are no refunds on custom orthotics.

*24 month warranty against manufacturing defects included. Top cover wear due to typical use is not covered.	Care required
beyond the custom orthotics, such as evaluation for an injury or physical therapy, is not covered and, if needed,	will be billed to you
or your insurance in accordance to our office policies.	

I certify that I have read the information above and I understand that the Phits 3D custom orthotics is a cash based program and not billed to any insurance company or other third party payor. It is my sole responsibility to submit for any insurance reimbursement as I see fit and to understand any limitations of coverage of my individual healthcare plan.

Print Name of Patient or Guardian	Signature	Date	
Witness		Date	

<sup>\*\*</sup>No guarantees or assurances will be made regarding the outcome of orthotic treatment.

<sup>\*\*\*</sup>Additional pairs can be ordered based only on original scan. Changes in width, arch height, top cover, length and posting can be done free of charge on additional pairs.