

FOOTWEAR AND ORTHOTICS APPLICATION FORM

CLIENT INFORMATION

Last Name		First Name		Health Card Number	
Address				Date of Birth	
				DD	MM
				YYYY	
Private Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of 3rd Party Coverage		

SERVICE PROVIDER

Service Provider		Service Provider ID #		Email Address	
Address			Fax Number	Certified Orthopedic Professional	
Certification/ Designation				Certification # (if applicable)	
Certified orthopedic professional's Signature				Client Diagnosis	
Referring physician or nurse practitioner				Rx Date	

NON-CUSTOM (STOCK) ORTHOPEDIC FOOTWEAR

Retail Cost		Client Participation Fee (10% or \$20.00 max)			Health Services Cost		
Make		Model		Size		Style	
Applicable Criteria #'s Met (Refer to Policy)						Warranty Information	
Justification for criteria not met and/or Additional Information							

CUSTOM MADE FOOTWEAR

Applicable Criteria #'s Met (Refer to Policy)						Warranty Information	
Justification for criteria not met and/or Additional Information							

CUSTOM FOOT ORTHOTICS

<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral						Warranty Information	
Applicable Criteria #'s Met (Refer to Policy)							
Justification for criteria not met and/or Additional Information							

CLIENT NAME: _____

HEALTH CARD #: _____

REPAIRS AND ADJUSTMENTS TO SHOES AND FOOT ORTHOTICS						
<input type="checkbox"/> Non-custom footwear <input type="checkbox"/> Custom footwear <input type="checkbox"/> Custom foot orthotics					Warranty Information	
<input type="checkbox"/> Repair <input type="checkbox"/> Adjustment		<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Bilateral		
Age of Item:		Make (if applicable)		Model (if applicable)		
Applicable Criteria #'s Met (Refer to Policy)						
Description of Adjustments or Repairs						
Justification for criteria not met and/or Additional Information						
MODIFICATIONS TO SHOES AND FOOT ORTHOTICS						
<input type="checkbox"/> Non-custom footwear <input type="checkbox"/> Custom footwear <input type="checkbox"/> Custom foot orthotics					Warranty Information	
<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Bilateral				
Age of Item:		Make (if applicable)		Model (if applicable)		
Applicable Criteria #'s Met (Refer to Policy)						
Description of Modifications						
Justification for criteria not met and/or Additional Information						

ATTACHMENTS		
<input type="checkbox"/> Physician's prescription	<input type="checkbox"/> Quote on Health Services invoice	<input type="checkbox"/> Statement of Benefits (private insurance only)