



Custom Foot Orthotics & Laboratory Details for Insurers

CLIENTS NAME: _____

DATE OF BIRTH: _____

Primary Care Provider Recommendation Note Included: ☐

Our mutual client has decided a chose to obtain custom foot orthotics from our facility and wishes to utilize their insurance coverage they pay into to gain reimbursement to improve their foot and lower limb health and quality of life, decrease their pain and discomfort and/or prevent future complications.

Our clinic Practitioners are Registered PodOrtho Foot Specialists (Pod.F.s) who are extensively trained in the study of the foot and lower limb, gait analysis, overall biomechanical evaluations and work in collaboration with a qualified and certified laboratory The Orthotic Group (TOG). TOG manufactures, foot orthotics for our company following our practitioners assessments, gait analysis and biomechanical evaluation and are qualified to provide this level of care as Regulated Health Care Providers (RHCP).

Subjective/Objective Assessments, Gait Analysis and Biomechanical Evaluations

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Mid-Foot Pain/Discomfort | <input type="checkbox"/> Medial Knee Pain/Discomfort | <input type="checkbox"/> Subtalar Overpronation | <input type="checkbox"/> Pressure Ulcer |
| <input type="checkbox"/> Forefoot Pain/Discomfort | <input type="checkbox"/> Medial Deviation of MTP Joint | <input type="checkbox"/> Forefoot Overpronation | <input type="checkbox"/> Callous/Corn |
| <input type="checkbox"/> Achilles tendon Pain/Discomfort | <input type="checkbox"/> Edema at MTP Joint | <input type="checkbox"/> Rear Foot Overpronation | <input type="checkbox"/> Dropped Met, Heads |
| <input type="checkbox"/> Lateral Leg Pain/Discomfort | <input type="checkbox"/> Flat Foot (Pes Planus) | <input type="checkbox"/> Medial Rotation of Medial Malleolus | |
| <input type="checkbox"/> Plantar Foot Pain/Discomfort | <input type="checkbox"/> Gait Instability (Risk of falls) | <input type="checkbox"/> High MLA. TA, LLA (Pes Cavus) | |
| <input type="checkbox"/> Heel Pain/Discomfort | <input type="checkbox"/> Limited R.O.M. to Hallux | <input type="checkbox"/> Supination | |

Fees:

Custom Foot Orthotics: \$150.00

Biomechanical Assessment Appointment: \$90.00

Fitting Appointment Fee: \$55.00

Total Cost: \$295.00 plus applicable taxes

CASTING TECHNIQUE:

Non weight bearing 3D volumetric cast in subtalar neutral Technique Used to

Create/Manufacture Orthotics: 3D volumetric cast is scanned by technicians; copolymer plastic is formed over positive to create orthotic for client's specific correction and symptom needs.

RAW MATERIALS USED:

Engineered copolymer with complete intrinsic memory and predictability postings made from extra firm nickelplast (58-65 Durometers).

LABORATORY:

The Orthotic Group Inc., Manufacturing podiatry type custom orthotics since 1985. 160 Markland Street, Markham, ON, L6C 0C6,
1.800.551.3008

PROGNOSIS:

The gait abnormalities and existing foot problems can be managed and corrected by the devices while wearing them but will not perform a structural reformation of the foot while not wearing the devices. The custom orthotics are a medical necessity and must be worn on a day-to-day basis, for an indefinite period of time. Wearing custom orthotics will alleviate the symptoms caused in the foot hop and low back. The orthotics, the feet and the gait should be monitored to watch for change in prescription or breakdown of the device.

DATE BIOMECHANICAL EXAM PERFORMED DATE ORTHOTICS DISPENSED MM/DD/YYYY

DISPENSED BY: *NAME OF YOUR COMPANY OR SOLE PROPRIETORSHIP*

BUSINESS NUMBER: