



Patient Name: _____

Disclosure for custom foot orthotics:

I understand that I am being cast for Sole Supports custom orthotic devices by Proformance Physical Therapy & Sports Rehab, P.C. The cost of these orthotic devices will be \$259.00. I understand that this clinic is unable to submit these orthotic devices to my insurance company and therefore I am responsible for payment in full. However, I am aware that this clinic can submit the initial orthotic casting charge and any additional orthotic adjustment charges to my insurance company on my behalf should I choose to do so. **Orthotics are not covered by Medicare or Medicaid.** This clinic will make every effort to make these orthotics work for me – all minor adjustments are free – but **they are not returnable for a refund or credit.**

I understand that there is a charge of \$60.00 for the casting and evaluation of my custom orthotic devices and that this charge may be submitted to my insurance company. If I choose not to submit my orthotic fitting to insurance, I agree to pay \$60.00 on the day of casting. I understand that if major adjustments are necessary upon receipt of my custom orthotics, an additional adjustment fee of \$60.00 may be charged to me or my insurance company as well.

Today I am putting down a \$159.00 deposit for my orthotic inserts and agree to pay the remaining \$100.00 at the time of orthotic dispensing.

_____ I am choosing to submit the initial casting and evaluation charge to my insurance company (No upfront cost).

_____ I am choosing NOT to submit the initial casting and evaluation charge to my insurance company (\$60.00 charge).

At an additional cost, I would like to apply the following services to my custom orthotic fitting:

_____ **Lab Rush** (\$20.00) - Custom orthotics will be molded in 2 days instead of the standard 4-5 days.

_____ **Overnight Delivery** (\$20.00) - Custom orthotics will be delivered the following day after they are manufactured by Sole Supports.

_____ **Outgrowth Policy** (\$54.00) – Any replacement pairs of custom orthotics will be discounted to \$75.00 for the next three years.

TOTAL DEPOSIT AT TIME OF CASTING: \$ _____ .00.

Signature: _____

Date: _____

Witnessed: _____

Date: _____

Please note this form must be signed in office after the receipt of payment from patient.



SOLE SUPPORTS

WE MAKE PEOPLE BETTER

Sole Supports is in the possession of the negative impression and lab order form for the above patient. From this, a custom-made orthotic has been manufactured and delivered to be dispensed to this patient. The Sole Supports Provider, Proformance Physical Therapy, provides us unique design specifications for each pair of patient's orthotics. We manufacture them according to the Sole Supports Provider's prescription to our lab. Sole Supports is acting as a manufacturing agent for the Sole Supports Provider – we do not cast or fit for our custom orthotics.

The following is a brief description of the manufacturing process:

Once the prescription and negative impression has been received by our lab from the Sole Supports Provider, the negative cast is then scanned by a 3-dimensional scanner. The resulting image is then smoothed digitally, with the inferior points of the heel, first and fifth metatarsal heads marked on a coincident plane. The perfected image is then sent to our CAD milling station to create the positive mold. After this the positive mold passes to our plastic pressing area.

Plastic thickness is decided upon based on the patient's weight, foot flexibility, arch curvature and general activity level. The plastic is put in the oven to make it pliable for shaping and pressing to the positive mold. The heated plastic is put on top of the mold, then pressed to it through vacuum pressure. Once cooled, excess plastic is removed and sent for grinding to the final shape and flexibility parameters.

After the initial grind, a reference point is ground into the underside of the medial arch area for calibration. The calibrator deflection pin is positioned at this reference point to insure identical placement during repeat testing. The calibrator applies an even force through the entire plastic shell to simulate loading by a foot during weight-bearing. Shell deflection is measured to match the flexibility algorithm predicted for the individual patient's weight, foot flexibility, and activity level. Further grinding may be necessary to achieve this.

Once the shell is made to specification, the prescribed topcover is glued to the orthotic utilizing a hydraulic press that applies 2 tons of compression to insure a permanent bond.

All Sole Supports orthoses are manufactured under the Direct Supervision of Dr. Edward Glaser, DPM. Dr. Glaser has over 25 years experience in orthoses manufacturing. He is a member in good standing with the American Podiatric Medical Association. For questions regarding the fabrication of Sole Supports orthotics, please feel free to contact them at 1 888 650 7653.

This page is for informational purposes only. You do not need to bring it to your appointment.