

# ORTHOTIC RECOVERING SERVICE

ORTHOTIC RECOVERING SERVICE\* is available for any foot orthosis that has a thermal plastic module at its base – only if Biomechanical Services made it originally – for an enrollment fee of \$50.00 per pair of orthotic devices.

Replacement TOP COVERS, PADDING and accessory PADS that have worn out on orthotic devices made by Biomechanical Services may be enrolled in our Orthotic Recovering Service program. Requests for replacement components may be submitted at any time during a 2 year period, by a qualified health care provider.

The benefits of this program take effect once we have received your enrollment form and payment. The coverage lasts for 2 years from that date. Biomechanical Services will notify you and your orthotic provider of your choice when enrollment is completed.

## PATIENT ENROLLMENT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## ORTHOTIC PROVIDER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am enrolling orthotic devices made by Biomechanical Services - Device Number: \_\_\_\_\_  
 I am enrolling orthotic devices made by a different company than Biomechanical Services.

Enclosed is my payment of \$50.00 for enrollment in the Orthotic Recovering Service program.

Signature: \_\_\_\_\_

Payment Options:  Check  Money Order  Credit Card –  Visa  MC  AMEX

Name (As it appears on the card): \_\_\_\_\_

C-Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security # \_\_\_\_\_

C-Card Billing Address: \_\_\_\_\_



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