



PEDIATRIC PROGRAM ORTHOTIC THERAPY

At Biomechanical Services we understand the way children grow...in spurts. Children who need extended orthotic therapy are likely to need three or more pairs of devices over the course of their growing years. Children are also more aggressive on their feet than adults, which means their orthotics may need to be replaced sooner.

We have come up with a cost effective answer to this problem for parents. Biomechanical Services now offers a Pediatric Program for Orthotic Therapy. This plan offers three or five pairs of devices at a prepaid, reduced cost.

Coverage Options:

- Plan A** - Consists of three (3) pairs of prepaid orthotic devices for a total investment of \$300.00. This plan is recommended for children ages 9 -12.
- Plan B** - Consists of five (5) pairs of prepaid orthotic devices for a total investment of \$450.00. This plan is recommended for children ages 9 -12.

Terms of the Program:

- Coverage begins when Biomechanical Services receives full payment for the plan.
- New negative cast impressions must be sent with all new/replacement orders.
- All reorders must be requested through your child's physician or other qualified health care provider, as they will have the most complete records. Biomechanical Services does not accept orders directly from patients or their parents.
- Patients may enroll before their thirteenth birthday. All certificates must be redeemed before their eighteenth birthday.
- Plan does not cover professional fees for examination or new foot impressions.

PEDIATRIC PROGRAM ENROLLMENT FORM

Select Plan Type:

A - 3 Pairs

B - 5 Pairs

Child's Last Name: _____ First Name: _____

Child's Birthdate: ____ / ____ / ____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:(_____) Email: _____

Referring Practitioner: _____

Clinic Name: _____

Telephone: (_____) City/State/Zip: _____

Enclosed is my check in the amount of \$300.00 for Plan A or \$450.00 for Plan B or you may charge my credit card for the plan circled above. Please accept my completed application as enrollment in the Biomechanical Services' Pediatric Program for Orthotic Therapy.

Card Type: Visa M/C AMEX Card No. _____ Exp. Date: ____ / ____

Signature: _____ Credit Card Security Code: _____