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

| Address: Zip: City: Email: Telephone: Email: ORTHOTIC PROVIDER INFORMATION Name: Address: City: State: Zip: City: State: Zip: Telephone: Email: City: City: State: Zip: Telephone: Email: City: I am enrolling orthotic devices made by Biomechanical Services - Device Number: Image: 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: | Name: | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|------------------------------|------|
| City: | | | | |
| Name: | | | | Zip: |
| Name: | Telephone: | | Email: | |
| Address: | | ORTHOTIC PRO | VIDER INFORMATION | |
| Address: | Name: | | | |
| City: | | | | |
| I am enrolling orthotic devices made by Biomechanical Services - Device Number: | | | | Zip: |
| 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: | Telephone: | | Email: | |
| Name (As it appears on the card): C-Card #: Exp. Date: Security # | Enclosed is my payment of | of \$50.00 for enrollmer | t in the Orthotic Recovering | |
| C-Card #: Exp. Date: Security # | | | | |
| | | | | |
| | | | | |
| | C-Card Billing Address: | | | |



11304 N. Dysart Rd., Suite 102, Surprise AZ 85379 Toll Free: (800) 942-2272 – Fax: (623) 303-1822 www.biomechanical.com – customerservice@biomechanical.com