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CUSTOM FOOT ORTHOTICS (PLEASE COMPLETE & RETURN THIS FORM TO THE OFFICE)

Extended Health Care Coverage What You Need to Know

Most extended health care companies have coverage for custom foot orthotics. There are a few things that you need to know for your benefit before proceeding with the assessment, casting and manufacturing of your custom foot orthotics. Insurance companies vary greatly from one another. As the policy -holder, it is your responsibility to know the following information so that your doctor is better able to serve you. Please return this completed form to the office on your next visit. We will photocopy this sheet and retain on file and return the original to you.

Name: _____ Date: _____

Please contact your carrier and have the following information available:

Insurance Carrier: _____

Phone Number: _____

Policy Number: _____

Group Number: _____

I.D. Number: _____

The Name of the Representative you are Speaking with: _____

Contact Number for this person: _____

Date: _____

- Custom Foot Orthotics Coverage: Y N
- Custom orthopaedic shoe coverage Y N If Yes \$ _____ At what % _____
- If Yes to the above, do I have coverage for each in the same calendar year? Y N
- Does the coverage apply to each person on the policy? Y N
- How much coverage do I have for the orthotics? \$ _____ At what %? _____
- Am I covered for 1 pair or 2 pairs annually? 1 or 2 Limit for each pair: _____
- Do I need a prescription prior to getting my orthotics made? Y or N
 If yes, who can be a provider? Podiatrist Physician Chiropractor Chiropractist
- If yes, which of the above providers can provide the prescription or referral _____
- Does the insurance company require a pre-estimate? Y N
- Is there a required casting and/or manufacturing technique for the orthotics? Y N
 If yes, what is it? _____
- Is there a healthcare provider specified for assessing, casting and dispensing of the orthotics?
 Y N
 (e.g., chiropractor, podiatrist, chiropodist etc.) If yes, who? _____
- Is a computerized gait (foot) analysis required? Y N
- _____