



Date:
Patient:
DOB:

INSURANCE COMPANY: 1 **PRIMARY INSURER** 2 **SECONDARY INSURER**

POLICY HOLDER:
POLICY NUMBER:
PLAN/CERTIFICATE #:

ADDRESS (send claims to):
CONTACT PH # and FAX:

PHYSIOTHERAPY

\$ LIMIT ALLOWED PER YEAR:
RENEWAL PERIOD BEGINS:
% COVERED BY INS. CO.:
OF VISITS ALLOWED:

CUSTOM ORTHOTICS (LAB INFO: The Orthotic Group, Markham, ON)

REQUIREMENTS (Insurance Company may require one of the following assessment techniques to be used OR may have no preference. Please CONFIRM to ensure payment):

Can Orthotics be DISPENSED by a Registered Physiotherapist? YES 1 2 NO 1 2

1 2 Gait Scan Analysis: Using a foot plate scanner interfaced with a computer to record the timing sequences with static and dynamic weight bearing creating 2D and 3D visual representations.

1 2 Non-Weight bearing 3D volumetric **foam cast**

\$ LIMIT ALLOWED PER YEAR:
RENEWAL PERIOD BEGINS:
% COVERED BY INS. CO.:

\$ COVERAGE FOR SHOE:
(with custom orthotic)

BRACES/TENS MACHINES/BACK SUPPORTS

\$ Total Amount Covered:
% COVERED BY INS. CO.: