



**Clinch Valley Family Podiatry**  
**6719 Governor G.C. Peery Hwy, Ste 800, Richlands, VA 24641**  
**P: (276) 596-9346 F: (276) 596-9348**

Pt Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby request that Clinch Valley Family Podiatry order custom molded orthotics in my name. It has been explained to me that my insurance cannot be billed until I return to pick up the orthotics. Therefore, if I either do not show up for my dispensing appointment, or do not respond to phone calls to schedule the appointment, I understand that Clinch Valley Family Podiatry will bill me personally for the full amount of the orthotics. The staff at Clinch Valley Family Podiatry will work with me to schedule an appointment during normal business hours and will reschedule as needed should an emergency or time conflict occur. Clinch Valley Family Podiatry will give me 90 days to pick up my orthotics from the date that I am notified that they are available. I also understand that I MUST schedule an appointment with the physician in order to pick up the orthotics. The physician must ensure that the orthotics were formed correctly and may need to make minor modifications to ensure that they fit correctly. Though the staff at Clinch Valley Family Podiatry has contacted my insurance company for authorization and an estimate of my out of pocket expense, I understand that I am responsible for knowing when my policy/deductible rolls over and the amount of my deductible. Any estimate of out of pocket expenses given was as of the date authorization was obtained on my behalf.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date