

Warranty Policy

The warranty period for custom devices is 90 days for workmanship and materials. Although Bulow Orthotic & Prosthetic Solutions cannot be responsible for physiological or anatomical changes in a patient's medical condition, we will attempt to maintain proper fit during this period. Additions of components, straps, lifts, etc. prescribed by a physician will incur a charge. There will be a separate charge for adjustments or repairs that are made as a result of abuse or tough wear, as may occur from sporting, vocational, or unusual activities.

Since orthotics and prosthetics are prescribed at the direction of a physician, and are often custom-fabricated for the anatomy and medical condition of each individual, they cannot be returned for credit or refund. Prescribed "off the shelf" items cannot be returned for hygienic reasons.

Please communicate any problems or discomfort you are experiencing to your practitioner immediately to allow us to resolve these problems as efficiently and quickly as possible. We will make every attempt to meet your needs. Thank you.

Bulow Orthotic & Prosthetic Solutions is aware of the importance of wearing of the device that has been provided. In the event that a prosthesis is in the need of immediate repair, it will receive the highest priority and every effort will be made to repair or replace the device as soon as possible. In the event that an urgent need arises concerning your device, please contact the office that provided you the device. A Bulow Orthotic & Prosthetic Solutions representative will return your call as soon as possible, during normal business hours.

Payment and Policy Agreement

Your insurance policy is a contract between you and your insurance company to help you meet medical expenses. Because benefits can vary greatly, it is not possible for Bulow Orthotic & Prosthetic Solutions to provide services on the basis that your insurance company will pay all charges.

Bulow Orthotic & Prosthetic Solutions can in no way guarantee coverage. Benefits are determined by your insurance plan at the time your claim is processed. All benefit calculations are only an estimate, based on information obtained from your insurance company. The actual Total Patient's Responsibility may be different than what was previously estimated by Bulow Orthotic & Prosthetic Solutions.

To prevent any misunderstanding about medical insurance, we wish to point out that: (1) Payment for all medical services furnished are the responsibility of the patient; (2) Deductibles, co-payments, and/or other patient responsibility amounts are due at the time services are rendered; (3) For deductibles, co-insurance and non-covered custom-made devices **fifty percent (50%)** of the balance is due at the casting appointment, with **the balance due at the time of delivery**; (4) Bulow Orthotic & Prosthetic Solutions will bill your insurance company as a courtesy to you; however, Bulow Orthotic & Prosthetic Solutions is not responsible for non-payment from the insurance company; (5) If, due to unforeseen circumstances, additional procedures and/or treatments are necessary beyond what has been previously approved, patients must make arrangements for payment; (6) Patients are expected to keep their accounts current while waiting for their insurance company to remit payment.

In consideration of The Company's efforts to supply patients with products and/or services to the patient, the patient or guarantor agree that each of them is responsible for payment. In some cases, insurance companies require our chart notes to match the physician's notes. For this reason, we may need to wait to receive your physician's notes before scheduling a casting appointment.

Payments may be made by check, money order, Visa or MasterCard. A \$20.00 fee will be assessed for any check returned for any reason.

Patient Complaint Process

We are committed to ensuring you are completely satisfied with the services and care you receive at Bulow Orthotic & Prosthetic Solutions. However, if for any reason you wish to file a complaint, any staff member can assist you in this confidential matter. You will be asked to complete a "Patient Complaint Form" to assist us in understanding your complaint or concern fully. Once the form is received, a company representative will investigate the complaint thoroughly and take the necessary actions to satisfy your complaint. (You will be notified of the receipt and actions taken, as appropriate, within 30 business days of receipt of your Patient Complaint Form.)

Patient Bill of Rights

Each patient has the right to:

- Be treated with dignity and respect.
- Receive complete and current information regarding his/her diagnosis, treatment and prognosis in terms he/she can understand. When it is not medically advisable to give the information to the patient, it will be made to the appropriate person on his/her behalf.
- Know the practitioner's name and specialty who is responsible for the coordination of care.
- Receive service regardless of age, race, religion, sex, social status, political belief, disability or diagnosis.
- Privacy and confidentiality regarding information and records about his/her care and may approve or refuse to release information to any individual outside the Bulow Orthotic & Prosthetic Solutions as outlined in the notice of Privacy Practices.
- Expect Bulow Orthotic & Prosthetic Solutions to make a reasonable response to his/her requests.
- Obtain information on the relationship of Bulow Orthotic & Prosthetic Solutions to other health care and related institutions insofar as his/her care is concerned.
- Receive reasonable coordination and continuity of care.
- Know the cost of care and treatment and receive an explanation of his/her financial responsibility upon request.
- Participate in decisions concerning his/her care and to refuse to participate in experimental treatment.
- Express dissatisfaction and suggest changes in any service without coercion, discrimination, reprisal, or unreasonable interruption of service.
- Receive information on Bulow Orthotic & Prosthetic Solutions policies for receiving, reviewing, and resolving customer complaints.
- Be fully informed of Bulow Orthotic & Prosthetic Solutions policies, procedures, and charges for services including criteria for third party reimbursement and receive an explanation of all forms that are requested to be signed.

Patient Signature

Patient Name

____/____/____
Date