DURABLE MEDICAL EQUIPMENT/SUPPLIES WAIVER FORM:

To our patients:

Certain medical conditions may, or may not, require the use of durable medical equipment/supplies, which include any of the following: pre-fabricated and custom-fabricated casts, splints/braces, dressings, slings, cushions, etc. Although these are considered to be “medically necessary” by your physician, many insurance carriers will deny payment of such items.

If you are covered by private insurance, it is our policy to bill your insurance carrier(s) for certain items (please note: many private insurance companies consider pre-fabricated/“off the shelf” splints to be non-covered items). In the event that these claims are denied by your insurance carrier(s), you will be held responsible for paying any outstanding bills regarding such items issued. For non-covered items, payment is due when the item is dispensed.

Two methods for payment are available. These are:

1. Cash or personal check (no third-party checks)
2. Credit Card payment (Visa or MasterCard)

Patient Name (printed): ___________________________________________________
("if patient representative, please indicate full name and relationship:
________________________________________)

Patient signature: ________________________________________________________

Today’s date: _____________________