

**ABILITY PROSTHETICS & ORTHOTICS  
PATIENT SERVICE AGREEMENT**

1. The time we spend with our clients is important in order to provide the highest quality of service. Please be patient. You will receive the same courtesy and confidentiality while we are servicing you.
2. In order to better serve you and in partnership with your physician, ABILITY PROSTHETICS & ORTHOTICS requests that you present to us the prescription from your physician at the time of service. If you do not have an Rx we will fax one to your doctor, so we can have it on file in your medical record.
3. In addition to the physician's prescription, all insurance cards, if applicable, must be presented.
4. We will verify all information with your insurance company. Some insurance companies require authorization and/or referral forms. It is a requirement of your insurance company that we obtain necessary authorization or referral prior to service. ABILITY PROSTHETICS & ORTHOTICS will make every effort to expedite the process, but at times, obtaining the authorization may be a lengthy process.
5. Any "patient pay" responsibilities are due at time of service.
6. You will be properly and thoroughly instructed in the use of all products and services provided.
7. **Merchandise returns and nonrefundable items: Merchandise that has come in direct contact with the skin and all custom order products. For prosthetic and orthotic patients who choose not to be fit for an item, the item is not returnable or exchangeable after it has left ABILITY PROSTHETICS & ORTHOTICS. If there is a request for an item to be mailed, the same rule applies. If returned, merchandise must be returned within 15 days in its original condition.**
8. Depending on the level of service provided, a follow-up visit will be scheduled. Your Customer Service Representative will schedule the appointment date and time, if applicable.
9. In our continuous effort to improve our services, you are encouraged to complete a customer satisfaction survey. Your feedback is instrumental for improving organizational performance.
10. **ABILITY PROSTHETICS & ORTHOTICS** supports open communication with our patients.
11. Please feel free to contact TINA HUMPHREYS at 775-333-9255 regarding care, services or payment policies.

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Signature

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Date