

ENROLLMENT in the Biomechanical Services' Orthotic Warranty Program will provide for repair or replacement of the orthoses made for:

Account Name: _____

Patient Name: _____ Orthotic No.: _____

THE BENEFITS of this warranty program take effect once we receive your completed enrollment form and payment. The coverage period is for two years from that date. The molds used to fabricate your orthoses will be stored for two years, beginning on your confirmed enrollment date. Biomechanical Services will notify your health care provider of your enrollment. You must enroll within four months of the date printed on this form (see below), beyond that, your foot molds are not available for extended storage.

ADJUSTMENTS, REPAIRS AND REPLACEMENTS will be handled through the prescribing practitioner only, as they will have the most complete records of those indications that determined techniques and components originally applied when fabricating your orthotics. Biomechanical Services will make any modification prescribed by your health care provider, at no charge, under this program. If your orthotics break, and are determined to be irreparable, another pair will be made, at no charge, once the devices are returned to our laboratory for evaluation. Repaired or replacement orthotics will be returned to your health care provider, noted above, unless other arrangements are made in advance.

LOST OR STOLEN orthotics should be reported to the prescribing practitioner. There will be a \$27.50 replacement charge per device (\$55.00 per pair), to fabricate each new orthotic device. Two devices (or one pair) may be replaced per enrollment period. Adjustment and repair benefits automatically transfer to replacement devices. Your health care provider will make the necessary arrangements for any replacement orthoses.

CHILDREN seventeen (17) years of age and younger who have outgrown their orthoses may have one pair of devices replaced during the coverage period, at no charge, if they were of eligible age at the time of enrollment. New impression molds will be required for new orthotic devices being replaced due to outgrowth, for accuracy in fit of larger feet.

ORTHOTIC WARRANTY ENROLLMENT FORM

RETURN THIS PORTION WITH YOUR PAYMENT

Orthotic Number: _____ Date: _____

Name _____

Address _____

City, State, Zip _____ Telephone _____

Credit Card # _____ Exp. Date _____ Card Code # _____

ATTENDING HEALTH CARE PROVIDER

Name _____

Address _____

City, State, Zip _____ Telephone _____

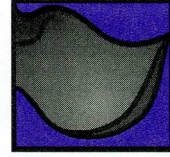
ENCLOSED IS MY CHECK OR CREDIT CARD INFORMATION FOR PAYMENT OF **\$60.00**, PLEASE ACCEPT MY COMPLETED ENROLLMENT APPLICATION. ENROLL ME IN THE BIOMECHANICAL SERVICES EXTENDED WARRANTY PROGRAM.

Signature _____

1050 CENTRAL AVENUE • SUITE D, BREAS, CA 92821 • (714) 990-5932

STAND UP • STEP OUT • STRIDE ON

BIOMECHANICAL
S E R V I C E S



LOSS • THEFT • REPAIR • ADJUSTMENTS

**BIOMECHANICAL SERVICES
EXTENDED WARRANTY PROGRAM
will cover your new orthotics in the event of:**

NOW PROTECT IT!

**You have just made a valuable investment
in your future well being...**

RETAIN THIS PORTION FOR YOUR RECORDS

- Foot orthotics are designed and manufactured to handle up to three times your body weight during everyday walking and athletic activities, over five thousand times a day.
- If you consider how many irregular foot falls you might take outside your usual stride pattern, it's easy to understand how just one off balance step could produce a destructive force beyond what an orthotic is able to resist.
- There are also many circumstances that may lead to your orthotics being lost or stolen.
- Our records indicate that twenty percent of the orthotics we make are replaced or repaired in the first year of wear.
- If you should need repair or replacement of your orthotics, it is not necessary to go through the examination and casting process again.
- Biomechanical Services Warranty Program covers virtually any problem you may experience with your new orthotics for two years after you enroll in the program.