

KINETIC ENERGY PHYSICAL THERAPY P.C.

FRVBC disclosure for custom foot orthotics

Player Name: _____

Parent Name: _____

Address: _____

Phone (h) _____ (w) _____ (c) _____

Age: _____ Shoe size: _____

Email address: _____

I understand that I am being evaluated and cast for Sole Supports custom orthotic devices by Kinetic Energy Physical Therapy. The cost of these orthotic devices will be \$200.00 I agree to personally pay Kinetic Energy Physical Therapy for the orthotics and evaluation and understand that I have the option of billing my insurance company to receive reimbursement on my own; **Kinetic Energy Physical Therapy will not bill my insurance company for me.**

Today I will pay the full amount of \$200.00.

TOTAL PAID AT TIME OF CASTING: \$ _____ .00

Signature: _____

Date: _____

(parental signature required if under the age of 18)