

Orthotic Solutions

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Thank you for choosing Orthotic Solutions as your provider of service. Our mission is to provide the highest quality of orthotic care at the most cost effective price. In order to provide you with this kind of care we ask that you complete the enclosed paperwork. You may request a copy of the Privacy Practices at your appointment. Please bring the paperwork to your scheduled appointment on _____ at _____ along with the following items:

____ Prescription	____ Insurance card(s)
____ Letter of Medical Necessity	____ X-Rays
____ Referral	____ Other: _____

Payment for your care is due at the initial visit. We are sensitive to the fact that you may not be able to pay cash at the time of treatment; therefore, we encourage you to discuss payment options with our office prior to your appointment. We accept Cash, Check, Visa or MasterCard and offer payment plans, as well as an extended monthly payment plan for your convenience.

As a courtesy we attempt to contact your insurance company to find out your benefits. Occasionally, appointments are made late or on an urgent basis and our office may not be able to contact the insurance company prior to the appointment. It is wise to know the terms of your contract or to call Member Services for your benefits information. Please understand that if your insurance company refuses to pay for service because you did not have your referral or did not have authorization for care, all costs will be your responsibility. To insure proper filing of your insurance claim, please notify front office personnel if your insurance information, address or phone number changes.

We have included directions to our Fairfax office, as well as, to Dr. Levine's office in Frederick in this packet. If you have any questions before your appointment or need to discuss payment options please contact us at 703-849-9200. We look forward to seeing you at your scheduled appointment.

Thank you,
Orthotic Solutions