

**Lone Peak Foot & Ankle Clinic**  
Dr. Gregory R Brockbank DPM, FACFAS  
74 E Kimballs Ln. Bldg 2, Ste 350  
Draper, UT 84020  
Phone: 801-576-0476 | Fax: 801-576-0486

### **WHY FOOT SUPPORT**

One of the best treatment options for a wide range of foot problems is foot support with either shoe inserts or even better custom orthotics. Patients who are diagnosed with such conditions as: plantar fasciitis, heel spurs, bunions, neuromas, flat feet, excess pronation, supination, arch pain, or other foot or ankle pain, can benefit from foot support

### **OUR INSERTS**

We sell non-custom orthotics called inserts to help support your foot. These types of inserts are only self pay options.

- **Betterform Inserts: \$60.00**

This is our most commonly dispensed orthotic. It provides longitudinal arch support which is very durable and can be easily adjusted.

- **JM Inserts: \$60.00**

JM Orthotics provide longitudinal arch support with a metatarsal lift. These orthotics can also be adjusted as needed.

### **CUSTOM ORTHOTICS: \$400.00**

### **CPT Code: L3000**

The best support and most precise measurement to your foot is a custom made orthotic. We use a 3D scanner to get a precise fit to your foot and then a prescription is written for your orthotic to best help your condition. This is a great option for those who do not find relief from other inserts or who have unique problems. There are two ways to pay for orthotics.

**1. We bill insurance \$400.00 to make orthotics.** Some health insurance plans will cover orthotics and some insurances will cover a portion of orthotics and others will not cover orthotics at all. Some insurances will make you pay a deductible for your orthotics even if you are told by your health insurance that orthotics are covered. A CPT code we use for orthotics is L3000. Please check with your insurance plan to determine if you would like to bill your insurance.

**OR**

**2. The self pay cost is \$300.00 to make orthotics** if you pay the day you are scanned for orthotics and if you elect not to bill your insurance for the orthotics.

**\*\*Recently many insurance companies have discontinued their coverage of orthotics. In response to this, we have lowered our fees, and the patient is now responsible for all orthotic coverage.** Payment is expected at the time of service. In signing this, I signify that I understand that I am liable for all orthotic charges and agree to pay for them in full. **They are NOT refundable** due to being a personal care item.

**\*\*\*We are able to bill one of two options;**

- A. Bill your insurance \$400. What insurance does not pay you are responsible for the balance.**
- B. Pay the Self Pay discount of \$300 the day of orthotic scan and elect not to bill insurance.**

**Patient Name:** \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_