

Integrity

ORTHOTIC LABORATORIES inc.

19113 63rd Avenue NE, Ste 4

Arlington, WA 98223

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19113 63rd Avenue NE, Ste 4

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Protect

Your

Investment

Orthotic Care and
Wear Instructions

And

Integrity Orthotic
Protection Plan Information



Be sure to read the important information
enclosed before wearing your new orthotics

ORTHOTIC WEAR AND CARE INSTRUCTIONS

Orthotics function best in shoes with heels and soles that are in good condition. To benefit fully from your orthotic therapy, follow the steps below and your foot care specialist's recommendations for exercise, stretching and other therapy.

- Wear your orthotics for up to one hour the first day.
- Increase the wearing time of your orthotics by one hour per day thereafter.
- Continue this pattern until you can wear your orthotics all day long.
- If you experience acute foot, leg or back discomfort, remove the orthotics. The following day, wear them again for a period of time no greater than the preceding day. Thereafter, increase your wearing time by thirty to sixty minutes per day, only if you are comfortable.
- Once you are capable of wearing your orthotics for several full days, you may begin to wear them for fitness and other athletic activities. Increase orthotic wear during these activities by twenty minute daily increments (twenty minutes day one, forty minutes day two, etc.).
- Your foot care specialist will see you in several weeks to review your progress. In some instances orthotics will require small adjustments to improve their function. Your practitioner will advise you as to the required frequency of follow-up visits.
- The surface of your orthotics may usually be cleansed with a damp cloth and mild soap.
- Always bring your orthotics with you when you are buying new shoes. You may need to purchase a deeper or larger-sized shoe to properly accept your orthotics.
- Yearly re-evaluation of your orthotics by your foot care specialist is important. Properly functioning orthotics may greatly diminish foot, leg and postural complaints.

THE INTEGRITY ORTHOTIC PROTECTION PLAN

The Integrity Orthotic Protection Plan can provide you with comprehensive coverage of your new orthotic devices against wear, breakage, loss, theft, and irreparable damage. Our Deluxe Plan also provides outgrowth coverage for a period of TWO YEARS. Three plans are available for your consideration:

BASIC PROTECTION (\$39.00):

- Repair and refurbishment of your orthotics as originally prescribed by your practitioner for a period of two years
- Storage of your positive casts for a period of six months
- Replacement coverage of devices is not included

STANDARD PROTECTION (\$49.00):

- Storage of your positive casts for a period of two years
- All repairs and adjustments for a period of two years
- One replacement of lost, stolen, broken or irreparably damaged devices per two year contract period
- A \$30 surcharge will apply in instances where old devices are not returned
- Replacement of outgrown devices is not included

DELUXE PROTECTION (\$79.00):

- Recommended for pediatric outgrowth protection
- All benefits of the Standard Protection Plan
- Replacement of one lost, stolen, or outgrown pair of orthotics per two year contract period with no surcharge assessed.

CONDITIONS:

- Enrollment in this plan must occur within 90 days after the orthotic devices have been shipped by the lab. Coverage begins the date the devices were shipped to your practitioner and extends for a period of two years.
- The plan does not cover any casting or office visit fees charged you by your practitioner. These are your responsibility.
- Return shipping charges may apply
- Integrity Orthotics requires you to consult with your practitioner before making a claim, as we may not act directly on patient requests. The laboratory must have a prescription from your practitioner in order to commence work on your devices.
- The \$30 surcharge under the Standard Protection plan applies to all cases in which original orthotic devices cannot be returned to the laboratory.

It's easy to enroll! Just fill out the information on the attached page and fax or mail it to us with payment.

INTEGRITY PROTECTION PLAN ENROLLMENT FORM

I would like to enroll my orthotic devices in the following plan:

_____ BASIC PROTECTION (\$39.00)

_____ STANDARD PROTECTION (\$49.00)

_____ DELUXE PROTECTION (\$79.00)
Recommended for pediatric outgrowth

Patient Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (_____) _____

Practitioner Name: _____

Orthotic Serial Number (required to process your agreement):

(Note: the orthotic serial number can be found on the bottoms of your new orthotics)

Enclosed is my:

Check

Credit Card Information

Mastercard

Visa

Discover

American Express

Card#: _____

Expiration Date: _____

Cardholder Name (as it appears on the card):

I understand and accept the terms and conditions set forth in the Integrity Orthotic Protection Plan description. I understand that this program is only available through my prescribing practitioner's office and that it is non-refundable and non-transferable.

Signature: _____

Fax or mail your application and payment to:

Integrity Orthotic Laboratories, Inc.

Attn: Integrity Protection Plan

19113 63rd Avenue NE, Suite 4

Arlington, WA 98223-4752

Phone: 866-678-4652 • Fax: 360-435-2912

FOR LAB USE ONLY:

INTEGRITY PROTECTION PLAN ID# _____

2 YEAR BOX # _____