

Calling Insurance Companies

Patient Nan				Date:						
Group#:	Plan #:			Certificate:				-		
	Who can dispense?	Who can prescribe?	Is a digital 2D pressure cast accepted? Do they require 3D volumetric?	% Coverage	Can they have more than one (orthotic/ shoe/ hosiery) permitted	Annual limit	When was the last claim?	Renewal: 1 year 2 year Rolling	Can they sign an Assignment of Benefits to the clinic dispensing the orthotics? (ie. direct bill)	
Custom Orthotic										
Orthopedic Shoes										
Compression Hosiery			Not applicable							
Orthopedic Sh	10es:		-							
L [] Not	A shoe ir Will they	n which a "cus cover the sho	requirements of the Pestom insert that replaces and the modification	es the manufa s	acturer's insert	ı				
Blu	e Cross B	BC:	1-8	388-275-467	7 2					
	Д	λB:	1-8	300-661-69	95					
	S	SASK:	1-8	300-667-68	53					
			1-8							
			AL:1-8							
			1-8							
			DUAL:1-8							
			IP:1-8 IADA:1-8							
Ch										
Chamber of Commerce:Great West Life:										
Greenshield:										
	Manulife:									
Sta	ndard Life:		1-	800-499-44	15					
Sur	nlife:		1-8	300-361-62	12 *DO NOT /	ACCEPT GS - '	YOU MUST SEN	D FOAM /	PLASTER	
Equ	uitable Life:		1-	800-668-40	95 *DO NOT /	ACCEPT GS —	YOU MUST SEN	D FOAM /	PLASTER	
Note: To the ex	tent TOG pro	vides clients w	vith code description, th	ese are provi	ded for informa	tional purposes	s only. Use of the	ese codes	should not be viewed	

as a recommended practice for all situations.

Acceptance and reimbursement according to these codes varies, and it's not guaranteed by TOG. For more complete descriptions and reimbursement

The Orthotic Group A Division of OHI

31 Smith Street Moneymore, Magherafelt Co. Derry, Northern Ireland BT45 7PF

rates, please consult your state manual.

