



PROSTHETICS & ORTHOTICS *restoring independence | renewing lives*

Meridian Nampa

T | 208.342.4659

F | 208.342.8211

www.brownfieldstech.com

Please **sign and date** at the bottom to acknowledge that you have read and understand the following statements:

Brownfield's Prosthetics & Orthotics is responsible for providing what has been ordered by your physician; much like receiving a prescription at the pharmacy. Once the device leaves Brownfield's, the device is non-returnable and non-refundable unless there is a manufacturer defect. We offer a ninety (90) day warranty period on the components of the device under normal use, and without any alterations made by anyone other than Brownfield's Prosthetic & Orthotic Technologies.

Payment is required at the time service is rendered. Patient Financial Services will check your insurance benefits and inform you if there is any unmet deductible and/or co-insurance, as well as the estimated amount due upon receipt of the item(s). If your insurance plan does not cover the item(s) the full amount will be due on receipt of the item. We partner with Care Credit as an option for you to manage expenses.

Your insurance will be billed upon receipt of the item(s). **NEITHER YOUR INSURANCE NOR BROWNFIELD'S CAN GUARANTEE PAYMENT**, therefore if your insurance does not pay as you or Brownfield's expects, the deficient amount is your responsibility and must be paid within sixty (60) days of the service. You agree that interest will accrue on all past due amounts at the rate of 2% per month (\$5.00 minimum) until paid in full.

Patient or Guardian signature: X _____ Date: X _____

Printed name of Patient or Guardian: X _____