



Protect your investment. Questions? Please contact your  
healthcare professional for more information.

**Allied**  
OSI  
**Labs**



**Orthotic Insurance**  
Your Childs Orthotics are Very Valuable  
to you in Comfort and in Investment



**Allied**  
OSI  
**Labs**

# Application

Assured Orthotic Replacement F. & S. Co., Inc.  
6299 Guion Road, Indianapolis, IN 46268

Yes, I want to take advantage of this plan. I have enclosed my application fee of \$42.00 in the form of a personal check or money order.

Name insured (please print) \_\_\_\_\_ Doctor \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_ Rx No. \_\_\_\_\_

Address \_\_\_\_\_ Date Orthotics dispensed at Doctor's office. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_



## Why Purchase Assured Orthotic Replacement Insurance?

Most of Allied OSI Labs' orthotics come with a lifetime guarantee against breakage under normal wear. However this does not protect you against the unforeseen replacement costs due to Outgrowth, Accidental Destruction, Lost, or Stolen orthotics. Assured Orthotic Replacement offers coverage for two full years from the date your enrollment is processed. At the end of your coverage, you will receive a renewal notice which will allow you to renew your policy for an additional two year period.

**\*\*Practitioner and /or office fees are not covered under this policy.\*\***

## How Do I Sign Up?

Complete and return the attached form **within 30 days** of receiving your orthotics, **along with** your payment of \$42.00 to:  
Assured Orthotic Replacement  
6299 Guion Road. Indianapolis, IN 46268

Your application will be reviewed and you will be sent a certificate of insurance and a claim form. You may also receive your positive casts. If you do not receive your positive casts, they are being stored electronically at our facility.

**It is imperative that you keep your claim form and your positive casts. These must be returned when making a claim.**

## Outgrowth Claim (see deductible requirement)

### What's covered?

- One free pair within the two year plan up to 18 years old (no deductible required for first outgrowth).
- \$39.00 deductible for additional outgrowth claims within the same two year period.

### How do I place a claim?

- Contact your prescribing physician.
- Return completed insurance claim form.
- New negative casts or appropriate foot scan must be sent for each new claim.
- Return outgrown orthotics.
- If claim is for additional outgrowth pairs, send the \$39.00 deductible payment.

## Accidental Destruction, Lost or Stolen (\$39.00 deductible) What's covered?

- One new replacement pair within the 2 year plan (same as before & made from same casts).

### How do I place a claim? (\$39.00 deductible)

- Contact your prescribing physician.
- Return completed insurance change form.
- Return the positive casts or let our facility know that casts are saved electronically.
- Send the \$39.00 deductible payment.