

Financial Policy

Thank you for choosing The Children's Orthotics Clinic as your health-care provider.

Please read, sign and date this document prior to your initial visit with your orthotist.

	Patient and family responsibility	<input checked="" type="checkbox"/>
Patients without health benefits	<p>Custom orthoses:</p> <ul style="list-style-type: none"> ▪ Payment is expected in full on the date an orthosis is cast. ▪ If you are unable to pay in full, a minimum of 50% of the charges are expected at the time of casting and the remainder is to be paid on the date the orthosis is given to you. <p>Off-the-shelf orthoses:</p> <ul style="list-style-type: none"> ▪ Payment is expected in full on the date an orthosis is dispensed. 	
Patients with health benefits	<ul style="list-style-type: none"> ▪ Payment is expected in full on the date an orthosis is cast or dispensed off-the-shelf. ▪ Complete and submit claims to your insurance carrier. Review the details of your coverage including any deductibles to be paid. 	
Assistive Devices Program (ADP)	<ul style="list-style-type: none"> ▪ Complete the ADP application that has been signed by your referring physician and present it to The Children's Orthotics Clinic . ▪ ADP forms are available from The Children's Orthotics Clinic if your physician does not have them available. ▪ ADP covers 75% of the cost of approved orthosis. ▪ Payment is expected in full for the remaining 25% of the cost prior to receiving the orthosis. ▪ Please note: ADP forms can only be signed by a legal guardian or parent. 	
Canada Benefits (ADP- approved orthoses)	<ul style="list-style-type: none"> ▪ Canada Benefits include Ontario Works (OW), Assistance to Children with Severe Disabilities (ACSD) and Ontario Disability Support Program (ODSP). ▪ Provide a current Benefit Statement to The Children's Orthotics Clinic at the time of your initial visit AND prior to receiving the orthosis. 	
Canada Benefits (Non-ADP- approved orthoses)	<ul style="list-style-type: none"> ▪ Canada Benefits include Ontario Works (OW), Assistance to Children with Severe Disabilities (ACSD) and Ontario Disability Support Program (ODSP). ▪ A quote will be provided to you by The Children's Orthotics Clinic to submit to social services. ▪ You must be approved by social services for non-ADP orthoses prior to casting. ▪ Once approved, The Children's Orthotics Clinic will receive a <u>Medically Based Items Authorization form</u> from the applicable social services program at which time the orthosis will be given to you. 	

Canada Benefits (Native Indian Health Benefits - NIHB)	<ul style="list-style-type: none"> ▪ Provide your client ID to The Children's Orthotics Clinic at your initial visit. ▪ Off-the-shelf orthoses and miscellaneous items are not funded and payment is expected in full. 	
Workplace Safety and Insurance Board (WSIB)	<ul style="list-style-type: none"> ▪ Provide The Children's Orthotics Clinic with your current WSIB information for direct billing purposes. 	
Motor Vehicle Accidents (MVA)	<ul style="list-style-type: none"> ▪ Ensure pre-approval from your insurance carrier for the orthosis you require. ▪ Notify your insurance carrier to fax authorization for the orthosis you require to The Children's Orthotics Clinic prior to receiving the orthosis (Fax: 416-813-5957). 	

Patient and family responsibilities

- Provide The Children's Orthotics Clinic with your most current contact information including telephone number, address, date of birth and health card number.
- In the event The Children's Orthotics Clinic does not receive payment for services rendered from your insurance carrier within 60 days, you may be responsible for 100% of the charges.
- In unique circumstances, payment plan options may be available based on documented financial statements approved by The Children's Orthotics Clinic manager.

Forms

Your orthotist is able to fill out various forms on your behalf. If the completion of these forms will exceed 15 minutes, a \$25 fee will be charged prior to the completion of the forms.

Payment methods

We accept Visa, MasterCard, certified cheques, money orders, cash and debit.

Thank you for your understanding and cooperation.

I have read and agree to abide by the Financial Policy of The Children's Orthotics Clinic at SickKids.

Name of Patient or Guardian (please print)

Signature of Patient or Guardian

Date