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SAFE & SOUND CUSTOM ORTHOSES PROTECTION

AGREEMENT

PRACTITIONER'S INSTRUCTIONS: _____

PRACTITIONER'S INSTRUCTIONS: _____

PRACTITIONER'S INSTRUCTIONS: _____



CUSTOM ORTHOTICS
CUSTOM AFOs
CUSTOM DIABETIC INSERTS

Experience and Tradition

To innovate, educate and empower.



IMMEDIATE, EFFECTIVE TREATMENT

SAFE & SOUND CUSTOM ORTHOSES PROTECTION

AN AGREEMENT to protect orthoses made by PAL Health Technologies II, Inc., and prescribed for:

Name _____

Address _____

City _____

State _____ Zip _____

Date of Birth _____

Warranty No. _____

Expiration Date _____

Defining the Safe & Sound Agreement

This agreement is sent in response to your application for **Safe & Sound** protection for your orthoses.

It is an agreement between the patient listed above **or the patient's parent or guardian if the patient is under 18 years old** and PAL Health Technologies II, Inc.

Subject to clearance of payment received with the application, this agreement defines the coverage and protection PAL Health Technologies II, Inc., provides, through **Safe & Sound**, in return for that payment.

Any coverage not expressly defined is outside the limits of this agreement.

This agreement begins at 12:01 a.m. on this shipping date and continues for two full years, as noted by expiration date above.

What Safe & Sound Covers

Within the two-year coverage period, PAL Health Technologies II, Inc., agrees to perform, on request and at little or no cost to the patient, the following orthoses adjustments, repairs, or replacements:

- Repairs of breakage or damage to the listed orthoses shells, extensions, or accessories.
- Adjustments made at the request of the prescribing practitioner.
- Replacement of one pair of orthoses required as a result of outgrowth by patients 18 years of age and under.

In addition, PAL Health Technologies II, Inc., agrees, within the two-year coverage period, to replace orthoses in the following cases for a fee of just \$17.50 per single orthosis, or \$35 per pair.

- Loss or theft
- Replacement orthoses [after the initial free outgrowth replacement previously noted], required as a result of outgrowth by patients 18 years of age and under.

Except in cases of outgrowth, all replacements will be made with the same prescription as those they are replacing.

What Safe & Sound Doesn't Cover

Safe & Sound does not cover any of your practitioner's professional fees. That includes his or her charges for examination, casting or recasting, fitting or refitting, shipping materials to PAL Health Technologies II, Inc., or other charges unrelated to actual orthoses fabrication or adjustment.

How to Make Requests for Safe & Sound Service

If you lose, damage or outgrow your orthoses, tell your prescribing practitioner right away. He or she will verify the nature of the problem, determine the solution, and note this information on one of the attached Service Request Forms that you should provide. All service requests must be authorized by your practitioner.

If new casts are required, such as in cases of outgrowth, your practitioner will prepare them and send them to PAL Health Technologies II, Inc.

For replacement of lost or stolen orthoses, or for outgrowths after **Safe & Sound** has provided one pair of replacement orthoses within the two-year coverage period, enclose \$17.50 per orthosis, or \$35.00 per pair, with your completed, authorized Service Request Form.

PAL Health Technologies II, Inc., will then perform all required adjustments, repairs, or replacements and ship your orthoses back to your practitioner at no cost. [Any rush charges would still apply.] Your practitioner will return them to you.

This agreement shall be construed and interpreted in accordance with the laws of the State of Illinois.

The invalidity of any provision shall not impair the validity of any other provisions.

#44612 ED3.1 SEPT2019

SERVICE REQUEST FORM

This form must be filled in completely and sent to PAL Health Technologies II, Inc. with all requests for orthoses adjustments, repairs, or replacements.

TO BE COMPLETED BY THE PATIENT:

Patient's Name [PLEASE PRINT] _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Date of Birth [if under 18] _____

Warranty No. _____

Expiration Date _____

[See your Safe & Sound agreement form]

CUT HERE

TO BE COMPLETED BY THE PATIENT:

Patient's Name [PLEASE PRINT] _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Date of Birth [if under 18] _____

Warranty No. _____

Expiration Date _____

[See your Safe & Sound agreement form]

CUT HERE

TO BE COMPLETED BY THE PATIENT:

Patient's Name [PLEASE PRINT] _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Date of Birth [if under 18] _____

Warranty No. _____

Expiration Date _____

[See your Safe & Sound agreement form]

TO BE COMPLETED BY THE PRACTITIONER:

Practitioner's Signature _____

Practitioner's Name [PLEASE PRINT] _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Adjust as indicated at no cost.

Repair as indicated at no cost.

Replace for initial outgrowth at no cost. New casts and original orthoses enclosed.

Replace for subsequent outgrowth. \$35 per pair payment enclosed, as are new casts and outgrown orthoses.

Replace for lost or stolen orthoses. \$17.50 per orthosis [\$35 per pair] enclosed.

Please indicate any instructions on back of form. orthoses enclosed.

TO BE COMPLETED BY THE PRACTITIONER:

Practitioner's Signature _____

Practitioner's Name [PLEASE PRINT] _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Adjust as indicated at no cost.

Repair as indicated at no cost.

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