







1805 RIVERWAY DRIVE · PEKIN, IL 61554 · 800.223.2957

SAFE & SOUND CUSTOM ORTHOSES PROTECTION

ENJOY PEACE OF MIND

Safe & Sound is a comprehensive protection program that keeps your orthoses protected - and offers you peace of mind - for two full years.

At little or no additional out-of-pocket expense to you, Safe & Sound covers required repairs and replacements of your custom orthoses.

Safe & Sound is a service offered by PAL, the same company that manufactured your orthoses precisely to your practitioner's prescription.

PAL guarantees most of its orthoses against breakage, under normal wear, for a lifetime, but Safe & Sound offers an even superior level of protection.

Safe & Sound protects you against the cost of repairs or replacements resulting from:

- Breakage or damage under normal wear to the orthoses shell, extensions, and accessories (Excludes Fatigue)
- Required adjustments
- Theft or loss
- Outgrowth for patients 18 years of age and under

COVERAGE

Adjustments

You will not be charged for any orthoses adjustments your practitioner recommends; however, you will be expected to cover the cost of any added accessories, not on the initial order.

Breakage/Damage

You will not be charged for any orthoses, extension, or accessory repairs or replacements required as a result of breakage or damage under normal wear.

PAL reserves the right to limit the number of repairs and/or adjustments to devices that are deteriorating due to age or fatigue.

Loss/Theft

Lost or stolen orthoses will be replaced for *\$35.00 per pair [\$17.50 per orthosis]. Limit one replacement per year.

IMPORTANT

Safe & Sound is not available on the XFIT Accommodative Line.

Safe & Sound does not cover any of your practitioner's professional fees.

Safe & Sound does not cover shell damages caused by fatigue.

Outgrowth

Patients 18 years of age and under are eligible for one free pair of replacement orthoses required as a result of outgrowth during the two-year coverage period. Subsequent outgrowth replacements are subject to a *\$35.00 per pair charge - substantially less than the cost of new orthoses. Outgrowth replacements require new casts or scans of your feet. Safe & Sound does not cover your practitioner's fees for that service.

Return Shipping and Handling

Safe & Sound covers all return shipping and handling fees. Special shipping requests or rush orders are subject to additional charges.

*Illinois sales tax will be applied to Illinois residents. This applies to the \$35.00 per pair charge (\$17.50 per orthoses).



HOW TO ENROLL

To get Safe & Sound protection, complete and return the application form at right within 9 weeks of the fabrication date [labeled on the bottom of each orthosis], along with payment to:

SAFE & SOUND

PAL Health Technologies II 1805 Riverway Drive Pekin, IL 61554 800.223.2957

PAL will process your application and send you a **Safe & Sound** Information Packet along with forms you will need to request service. The result will be comprehensive orthoses protection for two years. At the end of the coverage period, you will have the option to renew your protection plan for an additional two years.

REQUESTING SERVICE

If you lose, damage, or outgrow your orthoses, notify your prescribing practitioner immediately. Your practitioner will verify the nature of the problem, determine the solution, and note this information on the Service Request Form enclosed in your **Safe & Sound** information packet.

Your practitioner must authorize all service requests.

For service requests involving breakage, damage, or outgrowth, the orthoses must accompany the Service Request Form and be shipped to PAL via your practitioner.

PAL will perform all required adjustments, repairs, or replacements and ship your orthoses back to your practitioner at not cost. [Any rush charges will apply.]

Your practitioner will be responsible for returning your orthoses to you.

GET MAXIMUM SUPPORT

Call **800.223.2957** or visit **palhealth.com** to get in touch with your sales specialists to complete your order at any time.

LAB USE ONLY		
CHECK #:	SHIP DATE:	//
EXPIRES:	///	
mo	day	year

APPLICATION

Please enroll me in PA	ect my orthoses for two years L's Safe & Sound orthoses end me an information packe
Enclosed is a check,mo for \$65.00 [US] per pai PAL Health Technolo	
PATIENT'S SIGNATURE	
ORDER # [Located on	bottom of each orthosis]
ACCOUNT HOLDER'S SIGN	NATURE
ACCOUNT HOLDER'S NAM	ΛΕ [Printed]
CREDIT CARD NUMBER DATE	EXPIRATION
ADDRESS	
CITY • STATE • ZIP • POSTA	NL
PHONE	BIRTH DATE [If under age 18]

LAB USE ONLY

PRACTITIONER CONTACT INFO LABEL PLACED HERE