



Purchase Option Agreement

If the doctor has prescribed an item for you that is not covered by your insurance, you have the option to pay out of pocket for the item. Payments can be made by using cash, personal check (which will be processed electronically), Visa, Master Card, Discover & American Express. Any time you choose to receive an item that is not covered by your insurance, you will be required to sign an Advance Beneficiary Notice (ABN) and you will be provided with a service estimate up front. Payment plans may be allowed on a case by case basis depending on the final cost of the item, and determination of patient financial status. Payment plan terms may include allowing Atlantic Prosthetics & Orthotics to charge monthly payments to your credit card, or to make a payment each time you are seen in our office. By signing below you are stating that you have been informed of these options and of the total cost of the service, and you have decided which method you would like to pay.

Patient Name: _____

Date: _____

Device: _____

Total cost of Device: _____

Payment to be made by:

Cash Check VISA MC AMEX DISCOVER

Payment made today: _____

Remaining Balance: _____

Remaining Payments will be made by: _____

**Terms of the payment
plan:** _____

