

PROSTHETICS BY LYNDA

345 NE Norton Ave
Bend Oregon 97701

CUSTOMER RESPONSIBILITY

Prosthetics by Lynda requires completion of this form for all account transactions.

Patients that are receiving product without payment in full at time of service will be required to supply their credit card information below.

Your insurance coverage is a contract between the insurance company and you. It is your responsibility to know if your insurance will cover items prescribed by your physician. It is not Prosthetics by Lynda's responsibility to check your coverage and deductible information. If your insurance company applies charges from Prosthetics by Lynda to your deductible you and you alone are responsible for your payment.

After receipt of insurance payment notification; if a balance remains your credit card on file will be charged at that time for the full balance remaining.

Method of payment: I agree that I am financially responsible for any amounts resulting from non covered items, co-payments, co-insurance, deductibles and or insurance denial of my purchase. I authorize Prosthetics by Lynda to pay the balance of my account with the following:

WE DO NOT ACCEPT AMERICAN EXPRESS

CREDIT CARD# _____ EXP.DATE: _____ 3 DIGIT# _____

SIGNATURE

DATE

PRINT NAME