

Thank you for choosing DPM Orthotics, Inc. as your custom foot orthotics lab. Please fax or email your completed New Account Information form.

We look forward to working with you!

Phone: 877-673-0334 Fax: 330-673-0335 Email: billing@dpmorthotics.com

New Account Information

Practice Name _____

Billing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Owner/Principal Name: _____

For accounts with multiple doctors and locations, please provide the full name of all ordering doctors, office addresses and phone numbers. (Send on separate sheet if more space is needed.)

1) _____

2) _____

Accounts Payable Contact: Name _____

Phone #: _____ **Fax #:** _____ **Email:** _____

Please provide an email address for receipt of the monthly statements: _____

Authorized Signature _____ **Printed Name** _____ **Date** _____

PAYMENT TERMS

Net 30 days – From date of invoice. All major credit cards are accepted. Enrollment in the monthly automatic credit card payment system is available upon request. (See *Auto Pay Enrollment Form*)

Past Due Invoices: Accounts carrying a past due balance are subject to review. Past due balances will be considered delinquent after 60 days and may be subject to credit hold.

NEW ORTHOTIC WARRANTY

All newly fabricated devices are warrantied against defects in materials and workmanship for a period of 6 months from the original invoice date. Plastic shells carry a Lifetime Warranty against breakage “under normal wear and tear”. A cracked shell must be returned **prior** to replacement for evaluation. A different material may be recommended based on patient’s activity index. The appropriate replacement shell will be fabricated at No Charge. (A Refurbishment Fee may apply under certain circumstances at lab discretion.)

INVOICES & STATEMENTS

An invoice is included with each order. Upon request, a copy of each invoice can also be emailed directly to the Accounts Payable Department. A monthly statement is generated to recap all open invoices at the close of each month and will be sent electronically to the email address on file.

ADJUSTMENT & REFURBISHMENT POLICIES

Adjustments will be processed for the first 6 months starting from the invoice date of the newly fabricated device at No Charge. After 6 months, a Refurbishment fee will apply. (Refurbishments are not covered under the same new orthotic warranty regarding No Charge Adjustments. Refurbishments will be warrantied against material defect and workmanship only.)

REFUNDS

Refunds or credits cannot be given on custom fabricated foot orthotics. DPM Orthotics Inc. is committed to achieving the best possible results by offering our 6 months warranty on all newly fabricated devices at No Charge.

SHIPPING

Prepaid USPS mailing labels are provided for incoming orders at No Charge. To ship your plaster or STS castings, USPS Priority mailing boxes will be provided upon request. (See print out of detailed Shipping Instructions) Shipping charges will be invoiced at the current FedEx rates when orders are shipped **directly to patient** and when returning shoes to the ordering doctor.

SECOND PAIR ORDERS

Second pair orders may be placed by calling 877-673-0334 or by sending a completed DPM order form via Fax to 330-673-0335 or email to billing@dpmorthotics.com. (See detailed instructions for 2nd pair ordering.)