



Patients' coverage checklist for orthotics or other assistive devices

- 1. Does my benefits plan cover the product or device [make, model]?
- 2. The cost to the patient for this device is [cost].
 - a. How much of this cost will my plan cover?
 - b. Are there any fees, such as deductibles or co-payments that I should be aware of?
- 3. What are the terms and conditions of coverage that I should be aware of?
- 4. Do I need pre-approval?
- 5. Is a prescription required? Will my prescription expire after a certain time?
- 6. Under my EHC plan, which health care providers can prescribe the product or device?
- 7. Under my EHC plan, which health care providers can dispense the product or device?
- 8. Do I need to submit any other forms of paperwork or documentation to be covered?
- 9. For orthotics: What casting technique is required?

