



**Manfredi
Orthotic
Prosthetic
Affiliates, LLC**

SERVICE AGREEMENT

I understand that the fees for the services I will be receiving from Manfredi Orthotic & Prosthetic Affiliates (Division of Manfredi Surgical & Orthopedic Co., Inc.) commencing with the initial evaluation and are comprehensive of measurement, fabrication, and fitting. I also understand that any device that will be designed and fabricated for me will be custom made or custom fit.

MOPA will provide me with a warranty at the time of completion of all fitting for my orthosis or prosthesis. This warranty will assure me that any necessary adjustments will be made for my comfort and function.

If for any reason I choose to discontinue MOPA's services prior to completion of my orthosis or prosthesis, it will be my responsibility to contact the treating practitioner personally. At that time I will be advised of any charges incurred to date. I therefore assume personal responsibility for any expenses incurred by me in the measurement, fabrication, and fitting of my orthosis or prosthesis.

I also agree to pay 1 ½% interest on any delinquent balance on my account. I also understand that if my account should be turned over to the courts for collections, that I will be responsible for all court costs as well as any reasonable attorney fees.

Manfredi Orthotic & Prosthetic Affiliates (Division of Manfredi Surgical & Orthopedic Co., Inc.) will submit a claim, on your behalf, to your insurance/Medicare carrier. In some cases MOPA will be able to work on an assigned basis with some private insurance companies. If we are doing so in your case, any details will be specifically included.

If MOPA is not accepting assignment, and arrangements are made for payment to come from insurance/Medicare to you, you must immediately upon receipt forward all original check(s) (endorsed by you, with a copy of the explanation of medical benefits) to this office:

Manfredi Orthotic & Prosthetic Affiliates, Inc.
749 Hope Road, Suite C
Eatontown, NJ 07724-1432

Until all expected payments are received in this office, you will remain personally responsible for the entire amount listed above. You will be provided with a copy of your bill when services are rendered, you will not receive another billing. Upon request you will be provided with a paid receipt when your account has been satisfied

Administrative Office

749 Hope Road, Eatontown NJ 07724

Toms River Office - 9 Hospital Drive, Suite 15B Toms River, NJ 08755
(732) 380-0366 • Fax: (732) 380-0245 • www.manfredioandp.com

