

**JSB ORTHOTICS, INC. "WORRY FREE"  
PROTECTION PROGRAM**

**INFORMATION SHEET:**

The JSB "Worry Free" Program is designed to give peace of mind knowing your orthotics will be kept in "like new" condition. JSB will also repair or replace your orthotics as needed, for a small fee or no fee at all.

The purpose of the "Worry Free" program is to give you additional protection. It protects you against the cost of:

- ◆ Outgrowth (patients under 18 years old)
- ◆ Adjustments
- ◆ Refurbishes
- ◆ Damage
- ◆ Theft or loss

This protection is available to you for a nominal fee of \$59.00 per pair of orthotics for two years worth of protection. An added benefit is the fact that you can re-enroll every two years for continued coverage **per pair**.

**WHAT "CARE FREE" COVERS -**

- 1. ADJUSTMENTS** - - - All orthotic adjustments required by your provider are made without charge. Orthotics altered by the patient or practitioner voids this coverage.
- 2. DAMAGE** - - - - - Orthotics returned for remake are \$55.00 per pair, or \$30.00 for one device **plus shipping**.
- 3. OUTGROWTH** - - - - Patients under the age of 18 are entitled to one free pair of replacement orthotics as a result of outgrowth during the coverage period. Subsequent outgrowth orthotics during the coverage period are replaced for a fee of \$75.00 **plus shipping (old orthotics must be returned)**.
- 4. LOSS OR THEFT** - - Lost or stolen orthotics can be replaced for \$135.00 per pair or \$85.00 for one device **plus shipping**.
- 5. REFURBISHES** - - - - Patients covered by "Worry Free" protection plan are entitled to one complete refurbish, during the two year coverage period. Additional refurbishes are \$85.00 per pair, or \$45.00 for one device plus shipping.

Replacement orthotics will be identical to those you originally received; any changes to the original RX may constitute a charge. JSB will store your casts during the two year coverage period. Outgrowth or replacement orthotics will require new casts. This service must be done by your practitioner, of which the fees associated with that service are not covered by "Worry Free". Orthotics altered by the patient or practitioner voids this program and all JSB warranties. Shipping charges are not covered under "Worry Free". In certain cases a check will be required before orthotics can be made or refurbished.

**\*\*Each pair of orthotics must be enrolled separately\*\***

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**ENROLLMENT  
FORM**

Please enroll me in "Worry Free" I have enclosed a check or money order, for \$59.00 per pair, payable to: JSB Orthotics, Inc.

(PLEASE PRINT)

PATIENT'S NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH (IF UNDER 18) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ACCOUNT / PHYSICIAN NAME: \_\_\_\_\_

PARENT / PATIENT'S SIGNATURE: \_\_\_\_\_

PRINT PARENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MAIL APPLICATION TO: JSB ORTHOTICS, INC.  
509 PAUL MORRIS DRIVE  
ENGLEWOOD, FL 34223

**\*\* NOTE:** You must return this application within eight weeks of the fabrication date of device (refer to label on bottom of orthotic). Worry Free patients can re-enroll every two years. Re-enrollment letters will be mailed at the time the plan will expire. Re-enrollments must be returned within eight weeks of the expired date. JSB will not be responsible for re-enrollment letters not received or make exceptions for patients that did not re-enroll.

**\*\* Payment must accompany this application for coverage to begin\*\***