



# TOTAL ORTHOTIC COVERAGE

Protect your orthotic investment with  
a comprehensive maintenance  
program for your custom devices

## Total Orthotic Coverage Renewal

The Total Orthotic Coverage warranty is renewable after the two year extended warranty period is over. We do recommend a re-evaluation by your Health Care Practitioner at least once every two years to ensure that your prescription still meets all of your needs, or if some alterations to your orthotics will be necessary. Significant changes in foot structure can occur over two years, and your Health Care Practitioner will help to determine your progress and future therapeutic needs.



Casts or scans for each Total Orthotic Coverage member are stored for the two year period of the agreement beginning on the date payment is received. If you would like to enroll for renewal of the Total Orthotic Coverage warranty, your practitioner will require a new cast to continue your coverage. Each renewal period will cover an additional two years.

*Please contact a TOG representative  
if you require further assistance.*

Tel: 800.551.3008 | Fax: 877.551.3001

[WWW.TOG.COM](http://WWW.TOG.COM)

## Making a Claim

1. Report any problems, complaints or losses to your Health Care Practitioner. The Orthotic Group will not complete any modifications, additions, repairs or replacements that have not been authorized by your practitioner on a Total Orthotic Coverage warranty claim form.
2. Your practitioner will determine the nature of the modification, addition, repair, or will verify the need for replacement. Once determined, complete and sign the simple Total Orthotic Coverage warranty claim form provided by your Health Care Practitioner.
3. In the event of loss, stolen or severely damaged custom orthotics, credit card information or a check in the amount of (\$75) must accompany your order replacement request.
4. Your orthotics and the signed claim form should be packed in a padded mailing bag or appropriate sized shipping carton.

**Patients in USA mail to:**

Orthotic Holdings – TOG C/O Purolator  
Attn: Total Orthotic Coverage Department  
25801 Northline Commerce Dr.  
Suite 100 Taylor, MI 48180, US

**Patients in Canada mail to:**

The Orthotic Group  
Attn: Total Orthotic Coverage Department  
160 Markland Street,  
Markham, Ontario, L6C 0C6

5. The Orthotic Group will pay all return shipping charges and send the modified or replaced pair to your practitioner.

*Note: You are responsible for all practitioner fees associated with necessary orthotic fitting or refitting, examination services and/or new cast or scan when required.*



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Markham, Ontario, Canada L6C 0C6  
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# TOTAL ORTHOTIC COVERAGE

## Maintenance Program

Total Orthotic Coverage (TOC) is a warranty plan that encompasses all orthotic modifications and additions deemed necessary by your Health Care Practitioner. It will also entitle you to a replacement pair in the event of irreparable damage to your existing custom orthotics. In this case, please return your damaged orthotics along with the completed Total Orthotic Coverage claim form, which can be obtained from your practitioner. This applies to the original orthotic. Any change of style that entails a remake will incur a \$75 charge.

Casts or scans for each Total Orthotic Coverage member are stored for the two year period of the agreement beginning on the date payment is received, making the replacement of either one or both devices fast and accurate. Orthotic devices fabricated by a different lab can also be refurbished at a charge and upon completion can be enrolled in the program. Casts or scans must be provided for future replacements.

## Replacement of Custom Orthotics

We realize that a custom orthotic can be lost or stolen, and as such the Total Orthotic Coverage warranty helps you obtain a replacement pair for only \$75 in addition to your enrollment fee. Visit your Health Care Practitioner, who will assist you in completing a TOC warranty form. Your practitioner will re-examine you for a new cast or scan to ensure that the requested orthotic replacement meets your needs. Your Health Care Practitioner will send the order along with the completed warranty form to The Orthotic Group. In approximately two weeks, your replacement should arrive at their office. The fee of \$75 should be paid directly to your Health Care Provider. All elements of coverage remaining on the lost or stolen pair will extend to the new pair, provided the appropriate documentation, payment and casting or scan have been received. If the Total Orthotic Coverage warranty was not renewed with the replacement pair, any modifications, additions or repairs will incur a charge.

## Extended Warranty & Maintenance Program

The Orthotic Group offers a program to support the success of your orthotic therapy while simultaneously reducing additional costs associated with any modifications, additions, repairs or replacements that may be required. The Total Orthotic Coverage membership is valid for two years, beginning on the date The Orthotic Group receives your payment and application. This coverage runs concurrently with your standard three month patient compliance guarantee and six month guarantee against defects in material and workmanship.

## All TOG Orthotics are Covered

If your custom orthotic devices were manufactured by The Orthotic Group, they are eligible for the Total Orthotic Coverage warranty. To begin benefitting from the TOC warranty, please complete the attached application form and submit to The Orthotic Group within eight weeks of the date your orthotics shipped from The Orthotic Group.

## Children's Outgrowth Program

At The Orthotic Group, we understand how crucial proper-fitting orthotics can be for growing feet, and as you well know, children's feet grow quickly! In order to accommodate the rapid growth of younger patients, Total Orthotic Coverage includes one FREE replacement orthotic per warranty period for the pair that has been outgrown. This protection extends to all children under the age of 18 and encompasses all TOG orthotic styles. A \$75 charge applies to any additional outgrowth replacements within the warranty period. To participate in this element of the Total Orthotic Coverage warranty, outgrown orthotics must be returned to The Orthotic Group directly within 14 days of the receipt of your new orthotics.

PLEASE ENSURE YOU HAVE COMPLETED THIS APPLICATION IN FULL AND RETURN YOUR PAYMENT WITHIN 8 WEEKS OF THE DATE YOUR ORTHOTICS SHIPPED FROM THE ORTHOTIC GROUP. ONCE COMPLETED, SEAL AND MAIL. PLEASE PRINT CLEARLY.

Date Orthotics Picked Up (from Practitioners' Clinic) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Care Practitioner: \_\_\_\_\_  
Orthotic Invoice # (found on the sticker on the bottom of the custom orthotic) \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Parent's Name (for children under 18) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/PC \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Patient Date of Birth (MM/DD/YR) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Email Address \_\_\_\_\_  
 Yes, I would like to enroll in the TOTAL ORTHOTIC COVERAGE plan ( \$75.00 charge applies, valid for two years )  
 Check \*MADE PAYABLE TO "THE ORTHOTIC GROUP", INCLUDE ORTHOTIC INVOICE # ON CHECK  
 Mastercard  Visa  AMEX # \_\_\_\_\_ Expiration \_\_\_\_\_  
Card Holder Name \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

YOUR POLICY WILL BEGIN THE DAY WE RECEIVE YOUR PAYMENT. A CONFIRMATION OF THE TOTAL ORTHOTIC COVERAGE AGREEMENT WILL BE MAILED TO YOU 2-4 WEEKS AFTER YOUR APPLICATION AND PAYMENT ARE RECEIVED.