

Any important family medical history; brothers or sisters with pectus etc.? Yes / No

-If yes please explain: _____

What age did you first notice the Pectus defect?: _____

Is the Pectus defect getting worse? Yes / No / Stayed the same

-If Yes over what amount of time have you noticed it getting worse?:

6 months 1 year 2 years Other: _____

Reason for seeking pectus help and symptoms being experienced: (check all that apply)

breathing difficulty
easily winded
chest pain
self esteem
avoid sports
flared ribs
wear clothes to hide it

asthma-like symptoms
embarrassed by chest
void swimming
avoid changing into gym
clothes at school
never show bare chest

uneven shoulders
scoliosis
slumped shoulders
round / bulging belly
swayback
forward lunched head

Attach any photos that may show time line of pectus development and dates such as vacation or beach photos date them to best of your recollection. Please include signed photo consent.

Patient marital status: Student Employed Married Single Divorced Separated Widowed

Employer: _____ Occupation: _____

Family Information

Mother / Step / Guardian's Name: _____

Marital status: Married Single Divorced Separated Widowed

Date of Birth: ____ / ____ / ____

Check here if address & phone are same as patient if not complete below

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell #: (____) _____

Email: _____

Employer: _____ Occupation: _____

Father / Step / Guardian's Name: _____

Marital status: Married Single Divorced Separated Widowed

Date of Birth: ____ / ____ / _____

Check here if address & phone are same as patient if not complete below

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: (____) _____ **Cell #:** (____) _____

Email: _____

Employer: _____ **Occupation:** _____

Other contacts:

1. Name: _____

Relationship: _____ **Phone #:** (____) _____

2. Name: _____

Relationship: _____ **Phone #:** (____) _____

Guarantor's Information

Guarantor's Name: _____

Guarantor's Relationship to patient: _____

Check here if Guarantor's information is same as above if not complete below

Marital status: Married Single Divorced Separated Widowed

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: (____) _____ **Cell #:** (____) _____

Email: _____

Employer: _____ **Occupation:** _____

Primary Physician Information

Primary Physician's Name: _____

Type of Physician: circle all that apply

MD DO Pectus Specialist Pediatrician Thoracic Family Other: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: (____) _____ Fax#: (____) _____

Referring Physician Information

Check here if same as primary physician if not complete below

Referring Physician's Name: _____

Type of Physician: circle all that apply

MD DO Pectus Specialist Pediatrician Thoracic Family Other: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: (____) _____ Fax#: (____) _____

Address: _____

City: _____ State: _____ Zipcode: _____

Insurance Information (include photocopy of front and back of card)

Primary Insurance Company: _____

Subscriber Name: _____ Relationship to patient: _____

Policy ID #: _____ Group #: _____

Effective Date & Expiration Date of coverage: _____

Check here if there is no secondary insurance coverage otherwise complete below

Secondary Insurance Company: _____

Subscriber Name: _____ Relationship to patient: _____

Policy ID #: _____ Group #: _____

Effective Date & Expiration Date of coverage: _____

We're happy you have chosen Pectus Services to aid your child in overcoming their Pectus condition. We know that our services are new to most of our patients. Here is a summary of our services so that you know what to expect!

Initial Consultation and Evaluation

We give each of our patients a thorough evaluation in order to understand their needs and the extent of their pectus defect. Here are some key parts of this evaluation:

- Measurement of height, weight, and body fat percentage
- Analysis of Pectus defect, including photos, measurements, and a plaster mold
- Strength testing, posture assessment, and aerobic status

Your initial evaluation will conclude with a discussion about goals and expectations -- both yours and ours. We will then generate a complete report of our findings and results.

Fee for Initial Consultation and Evaluation: \$250

The T-Joe Pectus Bracing System

The T-Joe Pectus Brace is a Class 1 FDA-Registered medical device for the treatment of pectus defects. This means that a prescription from a licensed medical doctor is required to obtain the brace. The actual medical name of the brace is a "thoracic orthosis." We are soon to receive our official CPT code for the brace; however, the brace is currently categorized under the "miscellaneous" code of L-1499.

Fee for T-Joe Pectus Bracing System for Pectus Carinatum: \$2,500

Fee for T-Joe Pectus Brace for Flared Ribs and Pectus Excavatum: \$1,250

Pectus Workouts

Pectus Services believes improvement of a pectus deformity does not involve just a brace alone. We believe pectus improvement is a comprehensive program of bracing, exercise, stretching, massage therapy, and monitoring. We offer specialized workout programs, which consist of several components:

- Warm-up and cool-down
- Stretching techniques
- Aerobic workouts
- Strengthening exercises
- Chest-specific muscle building
- Medical massage therapy

Each workout session is customized to your child, and is one-on-one with T-Joe himself, and/or one of our excellent Pectus-experienced staff members. Workouts may last for about one hour and are conducted in our private gym area. We understand that many pectus kids may feel shy about their condition, and therefore, only one child will be working out in our gym at a time.

Fee for Pectus Workouts: \$65

Follow-Up Visits

After our initial consultation, consistent follow-up visits are essential, so we can monitor your child's improvement. We will assess the progress that has been made, and modify your Pectus Improvement Program as necessary. We also recommend visiting your doctor two weeks after beginning the program, and every six weeks thereafter. We understand traveling for an appointment may be difficult, so we offer appointments on the Internet via Skype. Our goal is to help your child achieve optimal results from our care.

Fee for Follow Up Visit: \$150

Our Payment Policy

We ask all our patients to review and sign a form stating their agreement with our payment policy. In addition to what your insurance company pays, you will be responsible for any charges not covered by your plan. We will make a copy of this signed agreement for you to keep.

Financial Assistance

Our goal has always been, and remains, to help our patients improve their Pectus defects. We will do our best to make sure no child is denied our services due to financial need. If you need assistance, we will be happy to work out a payment plan with you!

Pectus Services is pleased to be your insurance advocate. Alisa, our Reimbursement Coordinator, has 20 years of billing and insurance experience, and will provide prompt and friendly attention to any billing questions you may have.

Thank you for choosing Pectus Services!

Consent for Treatment

I hereby consent to treatment and services provided by Pectus Services and or its affiliated staff members on behalf of myself and/or minor child/children/stepchild/stepchildren.

Payment Methods and Balances Due

I agree to pay a \$250 Initial Consultation and Evaluation and Fitting fee by check or credit card at time of service. For custom made items & services such as the T-Joe Pectus Bracing System or the T-Joe Exercise Program for Pectus a fee of 50% of the cost of the items or services is due at of delivery/receipt time by credit card only. After 90 days if no payment is received from your insurance company your credit card will be billed for the remainder of the balance/product services due. These payments will be refunded based on the amount covered by insurance payment.

Limitation of Warranty and Liability

Pectus Services LLC does not guarantee the results that will be obtained through the use of the T-Joe Pectus Bracing System or T-Joe Exercise Program and no warranty is made with respect to the results that will be obtained. Pectus Services LLC warrants that the T-Joe Pectus Bracing System will be free from material defects for a period of ninety (90) days from the date of purchase. In the event of a defect of which Pectus Services LLC is notified in writing during the warranty period, Pectus Services LLC will either replace or repair the defective product or, at its sole election, refund the purchase price paid by you. OTHER THAN THE FOREGOING WARRANTY, THE T-JOE PECTUS BRACING SYSTEM AND T-JOE EXERCISE PROGRAM IS SOLD "AS IS" AND WITHOUT ANY OTHER WARRANTY AND PECTUS SERVICES LLC HEREBY DISCLAIMS ALL OTHER WARRANTIES, INCLUDING THE WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE OR MERCHANTABILITY. UNDER NO CIRCUMSTANCES SHALL PECTUS SERVICES LLC BE LIABLE TO YOUR FOR ANY INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES; THE TOTAL LIABILITY OF PECTUS SERVICES LLC TO YOU SHALL BE LIMITED TO THE AMOUNT YOU PAID FOR THE T-JOE PECTUS BRACING SYSTEM AND THE T-JOE EXERCISE PROGRAM.

Return Policy

The T-Joe Pectus Bracing System is a custom made product and, as such, is not returnable except in the event of defect of which Pectus Services LLC is provided written notice during the warranty period as set forth above. OTHER THAN AS SET FORTH HEREIN, ALL SALES ARE FINAL, AND THERE ARE NO REFUNDS OR EXCHANGES.

Photo Authorization and Consent

This consent and authorization form has been prepared to obtain your permission for Pectus Services LLC to take photographs of you (hereinafter "subject"), as described below, for the purposes set forth in this document. It is important for you to review this document. By signing this document, you consent to having your photograph taken before, during and after exercise and/or bracing periods. Except for your image, there will be no personally identifiable information disclosed in the photographs or otherwise, and at no time will your name or identity be disclosed. In addition, you hereby consent to Pectus Services LLC using the photographs in print or any and all electronic media forms, including but not limited to via the internet, broadcast media, CD-ROMs, or in other electronic forms or methods of distribution existing today or hereinafter created at any time, for the following limited purposes: presentations to potential subjects, health care providers, customers, manufacturers, resellers and other third parties that may be interested in purchasing, promoting, using, recommending or producing medical devices sold by Pectus Services for promotional purposes relating to medical devices sold by Pectus Services; or for general purposes related to the business of Pectus Services. Pectus Services will not use the photographs for any purpose inconsistent with the preceding paragraph. Pectus Services shall have the right to edit the photographs in any reasonable manner to improve the quality of the photograph or to protect your anonymity. You hereby release all rights you may have in the photographs and assign all rights, title and interest in and to photographs taken of me to Pectus Services, including all rights under copyright laws or any other federal or international intellectual property laws. You agree that you have executed this document in consideration for the treatment, products and services you received from Pectus Services and agree that you will not be entitled to any monetary payment, compensation or any other consideration. By signing this document, you acknowledge that you understand the contents of this document and have agreed to execute it of your own free will. If you are under the age of 18, your parent or legal guardian must sign this document and by doing so consents to the provisions set forth above.

Obligation of Payment

I direct and assign payment from my insurance company to Pectus Services. I understand that my insurance policy is a contract between my insurance company and me and that I am responsible to Pectus Services for any charges not covered by my insurance including co-pays, deductibles and/or additional fees non-covered services that have been provided to the patient. If default should occur I agree to pay all costs of collection fees, attorney fees and legal fees associated with the default of payment.

Thank you for choosing Pectus Services!

- ✓ I acknowledge that the information I have provided on this form is true and accurate to the best of my knowledge and recollection.
- ✓ I acknowledge that I understand and agree to the Consent, Financial Obligation, Photo Consent and Terms of Payment on this form.

Patient Full Name: (please print) _____

_____/_____/20_____
Signature Relationship Date

Witness Signature: _____/_____/20_____
Date