

**WILLIAM ALLEN COMPANY  
DURABLE MEDICAL EQUIPMENT FORM**

I, The undersigned acknowledge receipt of the following durable medical equipment. I understand that my insurance company will be billed for this/these items and that I will be responsible for any co-payment associated with my insurance policy.

Equipment Dispensed: \_\_\_\_\_

Date Dispensed: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

**Due to their special nature anything Custom made is Non-Refundable.**

Many garments, shoes, and modifications are not standers and may be custom made for you. While we do have a basic price guide, material choices and complexity may dictate special considerations. These will be charged accordingly. The charges incurred for our products and services are due and payable upon delivery, if the services are not covered by your insurance policy a 50% deposit is required at the time of ordering, for all private pay customers, for all garments, shoes, and modifications with the balance due at time of delivery.