

A Guide to Orthotic Funding

If ALL of the following criteria apply to you

- Receive health coverage under Ontario Health Insurance Plan (OHIP)
- Have a disability requiring an orthosis for 6 or more months
- May benefit from a custom orthotic device (not foot orthotic/insoles)
- Require an orthosis for day-time use, which may or may not include night-time wear



Available Funding Option

- Assistive Devices Program (ADP)



Required Document

- ADP form completed by physician/family doctor



Coverage Provided

- 75% of cost of orthotic device



Additional Government Funding

Patients in the following Social Assistance Programs will receive 100% coverage:

- Ontario Disability Support Program (ODSP)
- Assistance for Children with Severe Disabilities (ACSD)
- Ontario Works (OW)



Required Document

- Proof of participation in ODSP, ACSD or OW (most recent statement)

If ANY of the following criteria apply to you

- Have an acute injury requiring an orthosis for less than 6 months
- Require foot orthotics
- Requires constraint or serial casting
- Requires an orthosis for night-time use only



Available Funding Options

- Private insurance



Required Document

- Physician prescription



Coverage Provided

- Coverage varies by provider. Boundless will provide patients with quotations, following assessment, as requested. Patients may be able to get pre-approval of coverage using their Boundless quotation and a prescription.

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Q: Do you bill private insurance directly?

A: No. However we will provide patients with the necessary documents to apply for reimbursement through their private policy. Coverage usually falls under the category of ‘medical devices’ and varies by insurance provider. Patients may want to obtain pre-approval from their insurance provider prior to accessing orthotic care.

Q: What about patients receiving health coverage through WSIB, NIHB, Interim Federal Health or Veterans Affairs?

A: Boundless is an authorized vendor for these programs and will submit for funding coverage on behalf of patients. Patients will be required to provide Boundless with their case or claim number.

Q: How much do orthotic devices cost?

A: Costs can vary greatly based on your prescription. This means we cannot provide a cost quotation before completing an initial assessment. Costs for custom-made orthotic services and components are set by the Ministry of Health and Long-Term Care.

Q: What if I do not receive 100% coverage from either government funding or private insurance?

A: Patients may apply for additional coverage through a charitable organizations such as:

- March of Dimes
- Easter Seals
- MS Society Ontario Division
- Muscular Dystrophy Association of Canada
- Ontario Federation for Cerebral Palsy

Documentation requirements will vary, so please refer to each organization for their specific requirements.

Q: Do orthotic devices come with a warranty?

A: Yes. At Boundless we follow the warranty periods established by the Ministry of Health and Long-Term Care. We will review with our patients the warranty periods for satisfaction and against breakage.

Q: How do I access the Assistive Devices Program (ADP) application form?

A: You can find this form on our website, by visiting www.boundlessbracing.com and looking under Funding. Our administrative staff will be happy to email ADP forms to patients as requested.

Q: Can physiotherapists, occupational therapists and other healthcare providers refer patients directly to Boundless?

A: Yes, Certified Orthotists CO(c) can assess patients with referrals from physiotherapists, occupational therapists and other healthcare providers. However, if we assess the patient as a candidate for orthotic care, the patient will require a prescription or completed ADP form from a physician prior to proceeding.