



# HANGER CLINIC PROSTHETIST INFORMATION

To be completed and signed by the prosthetist

PROSTHETIST Name: \_\_\_\_\_ Certification Type: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City State & Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Prosthetist Email: \_\_\_\_\_ Admin Email: \_\_\_\_\_

APPLICANT Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Height (ft+in): \_\_\_\_\_ Applicant Weight (lbs): \_\_\_\_\_

Level of Amputation (circle):            RAK            LAK            RBK            LBK

Date of Amputation (mo+yr): \_\_\_\_\_ Cause: \_\_\_\_\_

Anticipated Level of Ambulation (circle):    K0            K1            K2            K3            K4

Level of Motivation (circle):            1(low)            2            3            4            5(high)

Explain why this applicant is a good candidate for Limbs for Life funding: \_\_\_\_\_

## HANGER CLINIC FEE SCHEDULE\*

*Fee Includes: test and final socket, fabrication of prosthetic and adjustments as needed for the life of the socket.*

Above Knee, Knee Disarticulation, Hip Disarticulation	\$3,500
Below Knee and Symes	\$2,500

- ✓ Limbs for Life (LFL) will provide donated components (new or used), new textile items and replacement parts, as available, upon clinic request.
- ✓ LFL will not pay for work completed prior to issuing the confirmation letter approving financial commitment.
- ✓ All work must be completed within six (6) months of the date of the confirmation letter or risk forfeiture of approved funding.
- ✓ LFL will not pay in combination with or supplementary to any other financial assistance or coverage – we do not assist with insurance co-pays.
- ✓ \*All Limbs for Life + Hanger Clinic billings are subject to the **Hanger Charitable Discount**, made possible through the “Memorandum of Understanding” between Limbs for Life Foundation, a not-for-profit, and Hanger Clinic and affiliates, executed March 2025, but effective January 1, 2025.

## ITEMS REQUIRED FOR PAYMENT

**When the final limb is delivered, submit: ‘Private Pay’ invoice AND two (2) or more (head-to-toe) digital photos and/or video of the patient wearing the prosthesis with signed delivery acknowledgment.**

*This agreement, if approved by the LFL Board of Directors, is an agreement between the Foundation and the prosthetic clinic. No money shall ever be paid to the applicant. Additionally, by signing this form, the prosthetic clinic agrees to absorb any additional costs above the amount designated in the fee schedule, so as to provide this service free-of-charge for the applicant.*

**Prosthetist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return by email (preferred): [admin@limbsforlife.org](mailto:admin@limbsforlife.org) or by fax: 405-843-5123  
Limbs for Life Foundation: 9606 N. May Avenue, Oklahoma City, OK 73120; 888-235-5462