



# TEXAS ASSOCIATION OF ORTHOTISTS/PROSTHETISTS INVESTING IN OUR FUTURE...CONTRIBUTION FORM

The Texas Association of Orthotists & Prosthetists believes it is important to provide policymakers with factual and compelling account(s) of the challenges and obstacles that face the quality of Orthotic, Prosthetic and Pedorthic patient care, and overall Orthotic, Prosthetic and Pedorthic profession.

TAOP supports state licensure as it protects the Orthotic, Prosthetic and/or Pedorthic patient by demonstrating that only practitioners with sufficient education, experience, and appropriate patient care facilities can provide complex Orthotic, Prosthetic and/or Pedorthic patient care.

TAOP does not support attempts by other healthcare providers and organizations to expand their scope of practice to include Orthotic, Prosthetic and/or Pedorthic patient care through legislative and regulatory processes. TAOP asserts that comprehensive Orthotic, Prosthetic and/or Pedorthic care requires the unique qualifications that only members of the Orthotic, Prosthetic and/or Pedorthic profession possess.

Many areas of concern relating to the Orthotic, Prosthetic and/or Pedorthic profession, are, but not limited to:

- Insurance reimbursement challenges of reductions, limitations, and/or denials that ultimately impacting the Orthotic, Prosthetic and/or Pedorthic practice, and the financial burdens on the patient who receive Orthotic, Prosthetic and/or Pedorthic patient care.
- Patients that are being denied access to advanced technologies relating to Orthotic, Prosthetic and/or Pedorthic patient care.
- Patients that are being denied access to Qualified Orthotic, Prosthetic and/or Pedorthic patient care and facilities.
- Patients that are being treated by unqualified providers who are not skilled and/or trained effectively in Orthotic, Prosthetic and/or Pedorthics, to provide optimal patient outcomes.

**The Texas Association of Orthotists & Prosthetists has retained a Lobbyist solely for the purpose of protecting our profession. Membership voted at the 2010 annual meeting to ask each member to contribute \$20/month or \$240 annually to help with this effort.**

## CURRENT MEMBERSHIP CONTRIBUTION INFORMATION (please print legibly)

FIRST NAME	MI	LAST NAME	
COMPLETE HOME MAILING ADDRESS			APT/SUITE
CITY	STATE	ZIP	
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)	HOME FAX NUMBER (INCLUDE AREA CODE)		
COMPANY NAME	EMAIL ADDRESS		

**I am Proud to support TAOP and its efforts to fund initiatives to help O&P professionals create a healthier future!**

**TOTAL CONTRIBUTION SUBMITTED: \$ \_\_\_\_\_**

Please forward your completed form & check made payable to:

**TEXAS ASSOCIATION OF ORTHOTISTS & PROSTHETISTS (TAOP)**

(Or visit our website for Credit Card donations)

9211 West Road. Suite 143-116

Houston, TX 77064

210-591-8267 OFFICE 631-284-3353 FAX

VISIT OUR WEBSITE @ WWW.TAOP.ORG