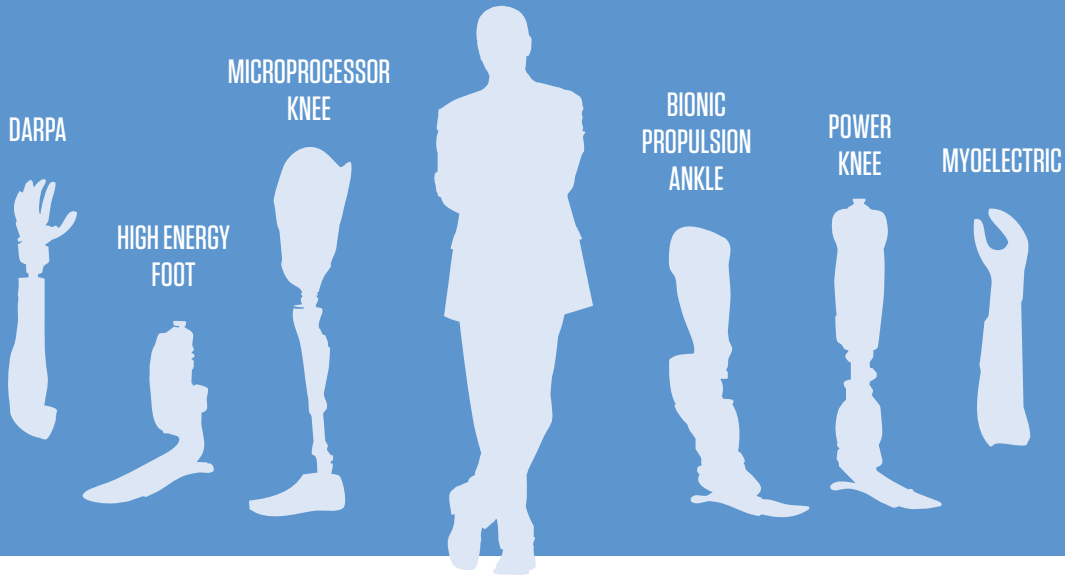


THE ONLY THING BETWEEN AMPUTEES AND A HIGHER QUALITY OF LIFE IS MEDICARE'S GLASS CEILING.



Medicare services to amputees tell the story.

Decades of technological advancements mean that new levels of mobility, health and independence are possible for amputees. The only problem? Medicare. The federal government makes it highly unlikely that a patient will qualify for these devices, **and new regulations will make the situation worse, not better.**

If Medicare is trying to save money, denying amputees prosthetic devices isn't the way to do it. A new study* shows patients who receive timely prosthetic and orthotic devices can actually save Medicare money over patients who are not treated — more than \$231 million was saved for Medicare in 2014 alone.

Though new, higher quality custom prostheses are widely available, Medicare restrictions are a glass ceiling that keeps them out of reach of most amputees — even though it's been shown these devices provide a better quality of life. It's an outrage that Medicare would deny amputees the life-changing mobility that comes with modern prosthetic devices.

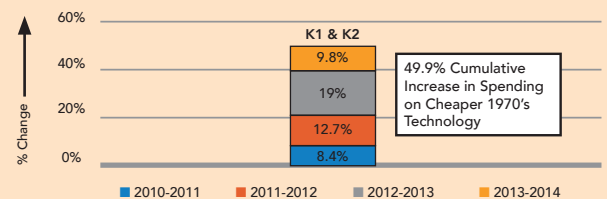
To learn more about the Medicare study and what you can do to stop these policies, visit mobilitysaves.org

* Dobson | DaVanzo analysis of custom cohort Standard Analytic Files (2007-2010) for Medicare beneficiaries who received O&P services from January 1, 2008 through June 30, 2009 (and matched comparisons), according to custom cohort database definition

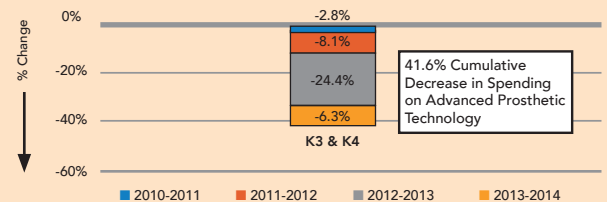


What Has Happened with Medicare Amputee Services Since 2010?

Medicare spending on antiquated 1970s prosthetic devices is on the rise...



...while spending on advanced mobility-enhancing prosthetic devices is decreasing.



And overall prosthetic device spending shows an alarming trend facing our country's amputees.

