

In order to receive Medicare coverage for Diabetic Footwear this form must be completed in its entirety by the MD or DO that is managing your diabetic condition. Chart notes from your file that state the existence of at least one of the qualifying conditions must also be included. You will need to make an appointment with your doctor for an examination or take this form to be filled out during your next visit.

#1 Statement of Certifying Physician for Diabetic Footwear

Patient's Name _____ Date of Birth _____

HIC# _____ Phone Number _____

I certify that the following statements are true:

1. The patient has diabetes mellitus.
2. The patient has at least one of the following:
 - _____ a. Poor circulation of either foot
 - _____ b. Foot deformity (bunions, hammer toes, pes planus, pes cavus, etc.)
 - _____ c. Peripheral neuropathy **with callus formation on either foot**
 - _____ d. History of pre-ulcerative calluses
 - _____ e. History of previous foot ulceration
 - _____ f. Previous amputation of part of either foot
3. I conducted a foot evaluation on this date and noted **at least one of the above conditions in the patient's file.** **Doctor, please note that if this is not documented in the patient's file Medicare will not pay.
4. I am treating this patient under a comprehensive plan of care for his/her diabetes.
5. The patient needs special shoes (depth or custom molded with appropriate inserts) because of his/her diabetes.

Physician Signature _____ Date of Foot Exam _____

NPI: _____

Physician Name (printed — **must be an M.D. or D.O.** per Medicare requirements)

Physician Address _____

#2 Prescription

_____ A5500 Extra depth footwear (1 pair) _____ A5512 Heat Molded Inserts (3 pairs) _____ A5513 Custom Inserts (3 pairs)

_____ Modifications or other instructions _____

Physician Signature _____ Date _____

#3 Chart Notes

This form must be accompanied by the patient's chart notes signed by an MD or DO documenting the existence of at least one of the qualifying conditions. There must be mention of callus formation if peripheral neuropathy is the qualifying condition. If notes are signed by a PA each page must also be signed and dated by an MD or DO.

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