

## Statement of Certifying Physicians for Therapeutic Footwear

(The certifying physician must be the M.D. or D.O. caring for the patient's diabetic condition and may be different from the prescribing physician.)

**I certify that all of the following statements are true:**

Patient Name: \_\_\_\_\_ Medicare#: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

1) This patient has diabetes mellitus (ICD-9 Code): \_\_\_\_\_ (Applicable ICD-9 Range: 250.00 – 250.91)

2) This patient has **ONE OR MORE** of the following conditions (**check all that apply**):

- |   |  |
|---|--|
| <input type="checkbox"/> History of partial or complete foot amputation | <input type="checkbox"/> Foot deformity (bunions, hammer toes, etc.) |
| <input type="checkbox"/> History of pre-ulcerative callous              | <input type="checkbox"/> Poor circulation                            |
| <input type="checkbox"/> Peripheral neuropathy with callous formation   | <input type="checkbox"/> Previous ulcer(s)                           |

3) I am treating this patient under a comprehensive plan of care for his/her diabetes.

4) This patient needs special shoes (depth or custom-molded) and/or inserts because of their diabetic condition.

### Certifying Physician Information:

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ NPI#: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*THESE ARE 2 SEPARATE FORMS AND BOTH MUST BE FILLED OUT IN ENTIRETY\*\*\***



### Prescription Form for Therapeutic Footwear: *Depth Shoes and Inserts*

(Prescribing physician may be a M.D. or D.P.M. and may be different from certifying physician.)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_ Purpose (desired effect): \_\_\_\_\_

Prescription: \_\_\_\_\_

Physician Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ NPI#: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*THIS ORIGINAL FORM MUST BE RETURNED TO FOOT SOLUTIONS. We cannot process any claims that are not accompanied by the complete original.\*\*\***



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