A comfortable fit starts with complete paperwork.

Medicare and many insurance plans require specific medical documentation before Crown City can provide therapeutic shoes and inserts. Use this packet to help your physician send us everything needed.

FOR THE PATIENT

1. **Bring this packet**
   Take pages 2-4 to the physician who manages your diabetes.

2. **Ask your physician to complete it**
   The forms must be legible, signed and dated. Supporting chart notes must be included.

3. **Return the complete packet**
   Your physician may fax it directly to Crown City at (626) 431-2892.

4. **We verify and schedule**
   We will review the documentation and contact you regarding coverage, fitting and next steps.

WHAT YOUR PHYSICIAN SHOULD SEND

- Completed and signed Statement of Certifying Physician (page 2)
- Signed Standard Written Order / prescription (page 3)
- Recent chart notes documenting diabetes management and the qualifying foot condition
- Signature Attestation Statement (page 4), only if a required chart-note signature is missing or illegible

Questions? We are happy to help.

Call (626) 431-2890 before your physician visit if you would like us to review what your plan requires.

PHYSICIAN CERTIFICATION

Therapeutic shoes for persons with diabetes

PATIENT INFORMATION

PATIENT NAME

DATE OF BIRTH

MEDICARE ID / MEMBER ID

DATE PATIENT WAS EVALUATED

CERTIFYING PHYSICIAN STATEMENT

I certify that this patient has diabetes mellitus and is being treated under a comprehensive plan of care for diabetes. The patient needs therapeutic shoes and/or inserts because of diabetes and has at least one of the following conditions:

- ☐ Previous amputation of the other foot, or part of either foot
- ☐ History of previous foot ulceration
- ☐ History of pre-ulcerative calluses
- ☐ Peripheral neuropathy with evidence of callus formation
- ☐ Foot deformity
- ☐ Poor circulation

DESCRIBE QUALIFYING CONDITION(S) AND AFFECTED FOOT/FEET

DIABETES DIAGNOSIS / ICD-10 CODE(S)

FOOT CONDITION DIAGNOSIS / ICD-10 CODE(S)

PHYSICIAN ATTESTATION

I certify that the statements above are true and that the medical record supports this certification. I am the physician managing the patient's systemic diabetes condition, or I am signing as permitted by the applicable Medicare requirements.

Physician signature (no stamps)

Date

PRINTED PHYSICIAN NAME

NPI

PHONE

PRACTICE ADDRESS

CROWN CITY
ORTHOTICS & PROSTHETICS

STANDARD WRITTEN ORDER
Therapeutic shoes and inserts

PATIENT & ORDER INFORMATION

PATIENT NAME

DATE OF BIRTH

MEDICARE ID / MEMBER ID

ORDER DATE

LENGTH OF NEED

ITEMS ORDERED

SELECT	HCPCS	DESCRIPTION	QTY
☐	**A5500**	Diabetic extra-depth shoes	2
☐	**A5513**	Custom-fabricated, multi-density diabetic inserts	6
☐	**A5514**	Custom-fabricated, multi-density insert - other construction	
☐	**L5000**	Partial-foot/toe filler, including insert	
☐	**Other**	Other item (describe below)	

OTHER DESCRIPTION / SPECIFICATIONS

LATERALITY & CLINICAL DETAILS

☐ Left ☐ Right ☐ Bilateral

DIAGNOSIS AND ICD-10 CODE(S)

ADDITIONAL INSTRUCTIONS, MODIFICATIONS OR MEDICAL NECESSITY DETAILS

TREATING PRACTITIONER - PRINTED NAME

NPI

PHONE

Treating practitioner signature (no stamps)

Date

2824 E. Foothill Blvd., Pasadena, CA 91107 | (626) 431-2890 | Fax (626) 431-2892

CROWN CITY
ORTHOTICS & PROSTHETICS

SIGNATURE ATTESTATION

Use only when a medical-record signature is missing or illegible

Important: This statement identifies the author of an existing medical-record entry. It does not replace a required order, create new documentation, or add information that was not recorded at the time of service.

BENEFICIARY INFORMATION

PATIENT NAME

DATE OF BIRTH

MEDICARE BENEFICIARY IDENTIFIER / MEMBER ID

MEDICAL RECORD ENTRY

DATE OF SERVICE / MEDICAL-RECORD ENTRY

RECORD TYPE OR TITLE

BRIEFLY IDENTIFY THE ENTRY BEING ATTESTED TO

ATTESTATION STATEMENT

I, the undersigned physician/practitioner, hereby attest that the medical-record entry identified above accurately reflects information that I entered or authenticated for this beneficiary. I understand that this attestation is made for medical-review purposes and may be subject to applicable administrative, civil, or criminal liability.

Physician/practitioner signature (no stamps)

Date

PRINTED NAME

CREDENTIALS

NPI

Please attach this attestation to the corresponding medical-record entry and return both documents to Crown City by fax: (626) 431-2892.