



Oso Orthotics & Prosthetics
11983 Tamiami Trail North ste 100C
Naples, FL 34110
P: 239-766-7940 F: 239-631-8171

Therapeutic Shoes and inserts are covered for Individuals with Diabetes

The Certifying Physician is defined as a Doctor of Medicine (M.D.) or a doctor of osteopathy (D.O.) who is responsible for diagnosing and treating the beneficiary's diabetic systemic condition through a comprehensive plan of care. **The certifying physician may not be a podiatrist or clinical nurse specialist or PA.**

- **Have an in-person visit with the beneficiary during which diabetes management is addressed within 6 months prior to delivery of the shoes/inserts.**
- **Sign the certification statement on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.**
- **Obtain, initial, date, and indicate agreement with information from the medical records of an in-person visit with a podiatrist, other M.D or D.O., physician assistant, nurse practitioner, or clinical nurse specialist that is within 6 months prior to delivery of the shoes/inserts.**

**Please fax back the completed form along with the
last office note from the patient's chart.**

Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____

MBI: _____ DOB: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus. _____
2. This patient has one or more of the following conditions. (Circle all that apply):
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulcerative callus
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
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 shoes) because of his/her diabetes.

Physician signature: _____

Date Signed: _____

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

Physician address:

Physician NPI: _____

I CONCUR WITH DR. _____'S EVALUATION AND RECORDS.

DATED: _____