Medicare Certification Statement for Therapeutic Footwear

Atlas
PROSTHETICS & ORTHOTICS

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Please include Physician Notes inclusive of:

- ***document that the physician is treating your diabetes, of which must be from the same physician that completes the Statement of Certifying Physician.***
- ***indicate medical necessity for therapeutic shoes in the treatment of your diabetes.***
- ***evaluation must be within 6 months prior to receiving your shoes and/or inserts.***

Patient Name: _____ DOB: _____ Date: _____
Address: _____
Diagnosis/ICD-10 Codes: _____ Medicare HICN: _____
(Applicable ICD-10 Range E8.00-E13.90)

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I certify that all the following statements are true:

1) The patient has Diabetes Mellitus
2) I am treating this patient under a comprehensive plan of care for his/her diabetes.
3) This equipment is part of my course of treatment and is "reasonably and medically necessary".
4) This patient needs special shoes (depth or custom-molded) and/or inserts because of their diabetic condition.

This Patient Has One or More of the Following Conditions. (Check all that apply).

- ☐ History of Partial or Complete Foot Amputation
- ☐ Peripheral Neuropathy w/ Evidence of Callus
- ☐ Poor Circulation
- ☐ History of Pre-Ulcerative Callus
- ☐ Foot Deformity (Bunion, Hammertoe, Corns)
- ☐ Previous Ulcer(s)

_____ Physician Signature (**stamps not approved**)

_____ Date

_____ Printed Physician Name and Credentials

_____ NPI #

_____ Address, City, State, Zip Code

_____ Telephone

Prescription Order for Therapeutic Footwear

Prescribing Physician may be an M.D., D.O. or D.P.M. and may be different from certifying physician

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- ☐ Extra Depth Shoes (A5500), w/ 3 Pair Diabetic Custom Inserts (A5513)
- ☐ Partial Foot She Insert (L5000)

Prescribing Physician Information:

Signature: _____ Date Signed: _____

Name (printed): _____ NPI: _____

Address: _____

This prescription is giving provider authority to dispense prescribed items.

Please send completed information & Physician Notes to: info@atlaspo.com or fax to (936) 559-1890