Vassel's

Comfort shoes and Custom Insoles
10421 West Florissant Ave St. Louis, MO 63136
(Phone): 314-471-0059
FAX #: 314-474-0208 OR 314-471-0059

WEBSITE: VASSELS.COM

Diabetic Shoe Request *(MEDICAID ONLY)*

To: JAQUAN VASSEL, BOCPD	**Date: _____**
Fax: _____	**Re: _____**
From: _____	**DOB: _____**

Pages (including cover sheet**): 3**

Please complete the following:

STEP 1.

- **COMPLETE THE MEDICAID PRE-CERTIFICATION FOR SHOES AND INSERTS**
  ***(INSRTUCTIONS ON SECOND PAGE)**

STEP 2.

- **COMPLETE THE "PRESCRIPTION"**

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Instructions for Pre-Certification of Diabetic Shoes and Inserts for Missouri Medicaid Beneficiaries with Diabetes

Dear Doctor,

TO PRE-CERTIFIY YOUR PATIENT:

- **You can call MO HealthNet @ 800-392-8030 then choose "Option 2" and inform the representative that you want to Pre-Certifiy diabetic shoes AND inserts.**

OR

- **You can also complete the pre-certification online at www.cyberaccessonline.net**

- Please enter the pre-certification numbers below (**THAT ARE GIVEN TO YOU BY MEDICAID)** and fax to 314-474-0208. Feel free to call if you have questions.

Pre-certification number for the shoes: _____(Code A5500)

Pre-certification number for the inserts: _____
Please indicate if you certified: __ heat molded inserts (A5512)
__custom molded inserts (A5513)

Thank you,
Jaquan Vassel, BOCPD
Certified PEDORTHIST

Diabetic Shoe Prescription

Patient Name:_____
Address: _____
PHONE #: _____
DOB:_____

Per Statement of Certifying Physician, the patient has one of more of the following foot conditions:

__Previous Amputation	__Peripheral Neuropathy w/ callus	__Previous Ulceration
__Foot Deformity	__Pre Ulcerative Callus	__Poor Circulation in the Feet

The patient requires:

__Diabetic Footwear, non-custom (A5500) - 1 pair (unless otherwise indicated)

With:

__Non custom, heat moldable inserts (A5512) -3 pairs (unless otherwise indicated)

Or

__ Custom molded inserts (A5513) -3 pairs (unless otherwise indicated)

Physician Signature _____

Date: _____