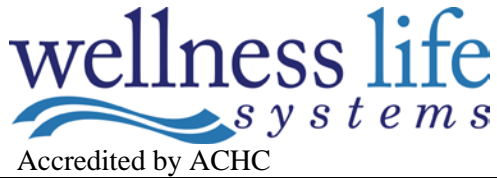


Statement of Certifying Physician for Therapeutic Diabetic Shoes and Prescription



Instructions:

- 1) Qualify patient for Diabetic Shoes
- 2) Complete Sections One through Ten Below
- 3) Update Medical Records to Support Secondary Conditions
- 4) Fax Medical Records and Statement of Certification to 1.800.207.5817

Patient Name: _____ DOB: _____

Patient Phone Number: _____

1 I certify the above patient has diabetes mellitus. ICD-9 Code: _____. _____

2 I certify that I am treating this patient under a comprehensive plan of care for diabetes. Yes No

3 Date of last office visit where diabetes condition was discussed: ____/____/____. The date indicated must occur within six months of completing this form and be notated in the medical record.

4 I certify that the patient needs diabetic shoes and multiple density inserts. Yes No

5 Date of patient's last foot examination: ____/____/____. The date indicated must be within three months of completing this form and be notated in the medical records.

6 Secondary Foot Conditions ****MUST BE DOCUMENTED IN THE PATIENTS MEDICAL RECORDS****:

- History of previous foot ulceration of either or both feet
- History of pre-ulcerative callus of either or both feet
- Evidence of Callus formation and Peripheral neuropathy of either or both feet.
- Foot deformity of either or both feet. Description

required: _____

****Examples of Qualifying Deformities: bunions, hammertoes, prominent metatarsal heads**

- Previous amputation of a foot or partial amputation of either or both feet
- Poor circulation in either or both feet

****Hypertension or CAD *alone* do not qualify as poor circulation under Medicare**

7 **Items to be dispensed by Wellness Life Systems:**

A5500 –One pair extra depth shoes for Density Insert
AND

A5513 –Multiple Density Insert Custom Molded from Model of Patient's Foot (3 pairs) **Both Feet**

Print Doctor's Name: _____ 9 NPI # _____

8 Dr.'s Signature: _____ MD or DO only 10 Date ____/____/____
No Stamps Accepted

Address: _____ Phone: _____