Patient

Name:______________________________ **Date:** ________________________

Statement of Certifying Physician for Therapeutic Shoes

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 that has been **documented in the chart**
    - History of partial or complete amputation of the foot
    - History of previous foot ulceration
    - History of pre-ulcerative callus
    - Peripheral neuropathy with evidence of callus formation
    - Poor circulation with evidence of callus formation
3. Foot deformity (bunion, hammertoes, etc….) documented in the chart
4. I am treating this patient under a comprehensive plan of care for his/her diabetes
5. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes

Physician Signature____________________________ **Date**_______________

Prescription for Therapeutic Shoes

Per Statement of the Certifying Physician, the patient has type 2 diabetes, a foot deformity and either history of ulcer or pre-ulcerative callus. The patient requires:

__________ Diabetic Footwear, non-custom (A5500) - 2 units (unless otherwise indicated)

With:

__________ Non custom, heat-moldable inserts (A5512)- 6 units (unless otherwise indicated)\

__________ Custom inserts (A5513)-3 pairs (unless otherwise indicated)

__________ Toe filler (L5000)

Comments:

____

____

Physician Signature __________________________________**Date**__________________

Physician Printed Name (Must be an M.D. or D.O________________________________

Physician Address___________________________

____

Physician NPI _____________________________

Signature and date stamps are not allowed. Signature must comply with CMS signature requirements

Stephen M. Carley, DPM, FACFAS
Michael C. Donato, DPM, FACFAS
Martha A. Hurley, DPM, FACFAS
Joel C. Zarzuela, DPM, FACFAS
Rosemarie Rynkiewicz, DPM, FACFAS
Sunshine Brady-Thomas, DPM, FACFAS
www.rappahannockdpms.com

Dear Doctor:

Your patient meets medical guidelines and is a candidate for diabetic shoes. Due to medicine regulations the followings steps are required by Medicare/Palmetto in your examination:

1. Agree with the listed criteria and **sign off on both sections** of the Statement of Certifying Physicians for Therapeutic Shoes Form.

2. You **must also include specific diagnoses** (we included these in the Statement of Certifying Physicians for Therapeutic Shoes Form) **in your clinical objective exam.**

3. This patient must have had a **visit with an MD or DO within 6 months** of the shoe dispense. The signed Statement of Certifying Physicians for Therapeutic Shoes Form must only be **signed within 12 weeks** of the shoe dispense.

4. Please forward your office note and the signed Statement of Certifying Physicians for Therapeutic Shoes Form by fax to **(540) 371-5072**. Should you have any questions, please contact the Diabetic Shoe Program Coordinator at **(540) 681-1856**.

Thank you for your cooperation and assistance in helping to provide quality care for your patients diabetic foot care.

Thank you in advance,

Diabetic Shoe Program Coordinator
Rappahannock Foot & Ankle Specialists

195 Falcon Drive ♦ Fredericksburg, VA 22408 ♦ Phone: (540) 371-2724 ♦ Fax: (540) 371-5072

450 Garrisonville Road, Ste 115 ♦ Stafford, VA 22554 ♦ Phone: (540) 720-0674 ♦ Fax: (540) 720-8044

Stephen M. Carley, DPM, FACFAS
Michael C. Donato, DPM, FACFAS
Martha A. Hurley, DPM, FACFAS
Joel C. Zarzuela, DPM, FACFAS
Rosemarie Rynkiewicz, DPM, FACFAS
Sunshine Brady-Thomas, DPM, FACFAS
www.rappahannockdpms.com

Diabetic Shoe Process

In order to process your diabetic shoe gear several steps must be followed.

1. Make an appointment with your doctor in charge of managing your diabetes. This must be the doctor and not a nurse practitioner or physician's assistant. You may wait until your next scheduled appointment.

2. Present the attached letter and forms to your doctor. These explain why you qualify for diabetic shoes and include forms that need to be signed and returned to Rappahannock Foot & Ankle Specialists in order to process your diabetic shoes. They can be faxed to (540) 371-5072 or dropped off at the front desk.

3. If not selected at your last visit with the podiatrist at RFAS, you will need to set up an appointment to choose the shoe style, size, color and style number.

4. Please note that the entire process from date primary care doctor signs the documents until shoes are dispensed must be completed in 12 weeks. If not, the entire process will start all over again.

195 Falcon Drive ♦ Fredericksburg, VA 22408 ♦ Phone: (540) 371-2724 ♦ Fax: (540) 371-5072

450 Garrisonville Road, Ste 115 ♦ Stafford, VA 22554 ♦ Phone: (540) 720-0674 ♦ Fax: (540) 720-8044