Dear Physician,

For patients in need of diabetic shoes, the following forms are required if the individual wishes for their shoes to be covered by insurance. Please fill out the three sections below and either include or attach the patient's chart notes from today's visit.

Prescription for Therapeutic Shoes

Patient Name: _____ D.O.B. _____ Today's Date: _____

Check all that apply:

- ☐ Diabetes Mellitus (250.00)
- ☐ Hammertoe (s)
- ☐ Bunion (s)
- ☐ Ulcer (s)
- ☐ Callus (es)
- ☐ Amputation (s)
- ☐ Charcot Deformity
- ☐ Fascitis
- ☐ Edema
- ☐ Neuroma
- ☐ Corn (s)
- ☐ Ankle Instability
- ☐ Drop Foot
- ☐ Posterior Tib. Disorder
- ☐ Peripheral Vascular Disease
- ☐ Neuropathy

Comments: _____

_____

The patient requires:

- ☐ Diabetic footwear, non custom (A5500)

With:

- ☐ Non custom, heat moldable inserts (A5512)
- ☐ Custom molded inserts (A5513)
- ☐ Lesions requiring offloading: L 1 2 3 4 5 / R 1 2 3 4 5
- ☐ Toe filler (L5000)

Clinician Name: _____

Signature: _____ Date: _____

Statement of Certifying Physician

Patient Name: _____ D.O.B. _____ Today's Date: _____

I Certify that all of the following statements are true:

1. This patient has diabetes mellitus. ICD-9 Code: _____
(ICD-9 codes 250.00-250.93)
2. This patient has one of the following conditions:
(check all that apply)

- ☐ Foot deformity
- ☐ History of pre-ulcerative callus
- ☐ Poor circulation
- ☐ History of partial or complete amputation of the foot
- ☐ Peripheral neuropathy with evidence of callus formation
- ☐ History of previous foot ulceration

3. I am treating this patient under a comprehensive plan and care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded) and/or inserts because of his/her diabetic condition.

Certifying Physician Information: (must be signed by a MD or DO)

Signature: _____

Name: _____

Physician NPI: _____

Please include patient chart notes from todays visit or attach to form: _____

_____

_____

_____

_____

_____

Superior Medical Services, Inc.
7582 Currell Blvd Suite #110 Woodbury, MN 55125 - **Phone** 651.735.9192 **Fax** 651.735.0011
10995 Club West Pkwy Suite #500 Blaine, MN 55449 - **Phone** 763.230.7880 **Fax** 763.230.7881