

For Therapeutic Shoes & Inserts for Persons with Diabetes to be covered by Medicare, the patient's medical record must contain sufficient documentation about the patient's medical condition to substantiate the qualifications and medical necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).

Statement of Certifying Physician
Therapeutic Shoes & Inserts for Persons with Diabetes

Patient Name: _____

HIC: (Medicare #): _____

Patient must be seen by Physician within 6 months prior to dispensing shoes & inserts.

I certify that all of the following statements are true:

1. This patient has diabetes mellitus. DX Code: _____

2. This patient has one of more of the following conditions:

(Check all that apply):

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

3. I am treating this patient under a comprehensive plan of care for his/her diabetes.

4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Certifying Physician Information:

Signature: _____ **Date Signed:** _____

Name (Printed): _____ **NPI:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Please return this form to Pacific Medical, Inc.

Ph: _____ **Fax:** _____