



## Statement of Certifying Physician for Therapeutic Shoes

\*According to Medicare guidelines, this form is to be completed by the physician who provides the medical care for and manages the beneficiary's diabetic condition. Must be an **M.D.** or **D.O.** and **may not be a podiatrist, physician assistant, nurse practitioner or clinical nurse specialist.**

\*In order to qualify for insurance reimbursement, your certification that the beneficiary meet the conditions listed below is required. These qualifications must be *specifically documented in detail* to the patient's medical record.

\*Medicare as well as other insurance companies may request documentation for this particular patient's claim and would typically request this documentation from us. Therefore, we request this documentation as part of our medical record prior to providing services. If any additional documentation is needed, we would then send a request.

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

I certify all the following statements are true:

- 1) This patient has diabetes mellitus: Type I \_\_\_\_\_ Type II \_\_\_\_\_ other: \_\_\_\_\_
- 2) This patient has one or more of the following conditions (check all that apply):
  - a.) History of partial or complete amputation of the foot
  - b.) History of previous foot ulceration
  - c.) History of pre-ulcerative callus
  - d.) Peripheral Neuropathy with evidence of callus formation
  - e.) Foot Deformity
  - f.) Poor Circulation
- 3) I am treating this patient under comprehensive plan of care of his/her diabetes.
- 4) This patient needs special shoes (depth A5500 or custom-molded A5501) because of his / her diabetes.
- 5) This patient needs shoe inserts (heat-molded A5512 or custom fabricated A5513) because of his/her diabetes.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**In addition to completing this statement, the certifying physician (M.D. or D.O.) must personally document one or more of criteria *a-f in detail* to the medical record. A copy of the patient medical records documenting the patient's diabetic management, qualifying criteria and foot assessment will also be needed.**