***MEDICARE DIABETIC SHOE REQUIREMENTS:***

1. ***THE “STATEMENT OF CERTIFYING PHYSICIAN FORM” MUST BE FILLED OUT AND SIGNED BY THE (MD or DO) WHO IS TREATING YOU FOR YOUR DIABETES***
2. ***THE PRESCRIPTON FORM AT THE BOTTOM CAN BE FILLED OUT BY THE TREATING DOCTOR OR A FOOT DOCTOR.***
3. ***THIS FORM MUST BE ACCOMPANIED BY THE TREATING PHYSICIANS PROGRESS NOTES (TYPED NOT HANDWRITTEN) WHICH MUST STATE THE CONDITION CHECKED OFF ON THE STATEMENT FORM. IT ALSO MUST STATE THAT YOU HAVE DIABETES AND THAT HE IS TREATING YOU FOR IT UNDER A COMPREHENSIVE PLAN, DETAILED IN THE NOTES, BE SIGNED AND DATED WITHIN 6 MONTHS OF YOUR SHOE APPOINTMENT AND YOUR DEDUCTIBLE MUST BE MET.***
4. ***WE STRONLY SUGGEST THAT YOU HAVE YOUR DOCTOR CALL US IF YOU HAVE TROUBLE UNDERSTANDING THESE REQUIREMENTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR PAPERWORK IS CORRECT.***
5. ***THESE ARE MEDICARE’S REQUIREMENTS AND THEY WILL REJECT THE CLAIM IF THEY ARE NOT CORRECT.***