



Dear Patient,

The attached form (Therapeutic Shoe Statement) is a requirement by your insurance company for us to bill diabetic shoes and inserts. Your treating diabetic doctor (MD/DO) **MUST** *sign, date, and check off one of the required conditions on the form.* ANY information not filled out will delay the ordering process.

In addition to the completed form, we also need medical records (notes) from the MD/DO PERTAINING TO the treatment of your diabetes with in the last 90 days, if you have not been seen by your treating diabetic doctor with in the last 90 days ***for the treatment of your diabetes***, please contact your treating diabetic doctor to make an appointment.

Once this form is completed with the notes this can be faxed to the O&P Department at 800-933-1356.

If you have any questions, please call Elizur O&P department at 844-628-8813.

Thank you
Elizur O&P Department

CERTIFICATE OF MEDICAL NECESSITY

Therapeutic Footwear for Individuals with **Diabetes**

THIS IS NOT A PRESCRIPTION

Identifying Information

Patient Name _____

Date of Birth _____

Practice Name _____

Practice Address _____

Practice Fax _____

Certification

MARK ALL ITEMS THAT APPLY

- This individual has diabetes mellitus.
- One or more of the following conditions of coverage are met.
 - In either foot, the individual has a history of:
 - Foot ulceration
 - Pre-ulcerative calluses
 - Peripheral neuropathy with evidence of callus formation
 - Foot deformity
 - Poor circulation
 - An entire foot has been amputated.
 - Part of either foot has been amputated.
- This individual is being treated for diabetes under a comprehensive plan of care by the provider
- Therapeutic footwear is medically necessary for this individual because of diabetes.
- The **attached chart notes** include all relevant information from this individual's medical record. *(from at least the last 90 days)*

Attestation*

COMPLETED BY A MD OR DO

- I hereby attest that the certification information above is true, correct, and complete.

Provider Name (*print*) _____

Date Signed _____ NPI _____

Provider Signature _____

Help your patient
have their
diabetic shoes
get covered.

As the physician managing their diabetes, your patient's insurance requires a certificate of medical necessity in order to cover their therapeutic shoes and/or inserts prescription.

* The Social Security Act §1861(s)(12) requires that a doctor of medicine (MD) or doctor of osteopathy (DO) certify that the beneficiary receiving therapeutic shoes and inserts is under a comprehensive plan of care for their diabetes.

Attach Chart
Notes and Fax to

Fax 800-933-1356
Phone 844-628-8813

REVIEWED/UPDATED: 07/2024

