



Diabetic Shoes/Inserts

Dear Patient,

Thank you for choosing Bionic for your care related to Diabetic shoes and/or inserts. Your insurance requires specific documentation from your doctor to support medical necessity of this service. To allow for timely care, please obtain the following documents from your physician prior to scheduling an appointment with us:

1. **A Certifying Statement for Therapeutic Shoes – from Certifying Physician – See Page 2**
 - This document must be completed and signed by the physician who is treating your diabetes.
 - This physician must be an MD or DO only
 - Must be dated within 3 months prior to you receiving shoes/inserts
2. **A Standard Written Order – from Ordering Physician – See page 3**
 - This document must be completed and signed by the physician who is prescribing you the shoes/inserts
 - This physician may be an MD, DO, DPM, NP or PA
3. **Clinical chart notes from your physician(s) -**
 - From the certifying physician in (1) above, who treats your diabetes:
 - Must mention that they are treating your diabetes
 - Must mention the options they selected in the Statement (1) above, and a foot exam.
 - Must mention that you need diabetic shoes/inserts and document the reason for it.
 - Must be within 6 months prior to you receiving shoes/inserts.
 - *If you haven't been seen by them within the past 6 months, please make an appointment to be examined for your diabetes, feet, and the need for shoes and inserts.*
 - From the ordering physician in (2) above, who writes the prescription/signs the Standard Written Order:
 - Must mention that you need diabetic shoes/inserts and document the reason for it.

If your certifying physician clinical notes do not have all the notations required, but the ordering physician's clinical notes do, then your certifying physician may obtain the ordering physician's chart note, notate his/her agreement on that document, sign and date that, and provide a copy of that.

If your certifying physician in (1) above, who treats you for your diabetes is the same as the ordering physician in (2), then all your documentation will be from that one physician.

These documents can be faxed by your doctor's office(s) directly to us, or you may obtain it and bring it in. Once we receive it, we will review them and schedule your appointment if the documentation is compliant.

Please note, the requested information is a requirement of your insurance provider for coverage of Diabetic shoes/inserts, without which you will be fully responsible for the costs of the device.

Please call your local Bionic clinic if you have any further questions. Thank you again for choosing Bionic.



Therapeutic Shoes for Persons with Diabetes
Statement of Certifying Physician

All fields are required by payer to be completed by the certifying physician

Patient Name: _____ DOB: _____

Medicare/Ins ID: _____ Date of Last Diabetic Exam: _____

I certify that all of the following statements are true:

- 1. This patient has diabetes mellitus
2. This patient has one or more of the following conditions (check all that apply)
___ History of partial or complete amputation of the foot
___ History of previous foot ulceration
___ History of pre-ulcerative callus
___ Peripheral neuropathy with evidence of callus formation
___ Foot deformity
___ Poor circulation
3. I am treating this patient under a comprehensive plan for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.
5. I have seen this patient for diabetes management within the last 6 months. I understand that the shoes must be delivered within 3 months of the signature date on this form AND within 6 months of the last in-person visit with me.

Signature, name, date, and NPI (must be an M.D. or D.O.)

Physician Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

NPI: _____

Signature: _____ Date: _____



Standard Written Order for Therapeutic Shoes for Diabetes

Patient name: _____ DOB: _____

Date of Order: _____

Diagnosis: _____

Therapeutic Shoes (select one):

- Prefabricated Extra Depth (A5500): Left Right Bilateral
Custom Fabricated (A5501): Left Right Bilateral

If custom-fabricated, why? (Please include in chart notes also):

Therapeutic Inserts (select options):

- Prefabricated Custom-fit (A5512): Left Right Bilateral
Custom Fabricated (A5514): Left Right Bilateral
Toe filler insert (L5000): Left Right Bilateral
Pairs (please select): 1 2 3

Additional shoe modification(s), if any:

(Will be in lieu of inserts if inserts are 3 pairs):

- Custom Rocker Bottom(A5503) Left Right Bilateral
Custom Wedge(A5504) Left Right Bilateral
Custom Met Bar on shoe (A5505) Left Right Bilateral
Custom Offset Heel (A5506) Left Right Bilateral
Other Custom Modification(A5507) Left Right Bilateral

Additional Instructions: _____

Ordering Physician Information

Physician's Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

NPI: _____

Signature: _____ Date: _____