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## Therapeutic Shoes for Diabetics

**Easy as 1,2,3,4!**

<b>Patient:</b>		<b>DOB:</b>	
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The information requested below is a requirement of your insurance provider. Your insurance provider requires that we collect specific documentation from you and your providers to support medical necessity for therapeutic shoes and inserts. Please take this packet to your appointment and have your Physician complete all required paperwork.

	Steps & Documentation Required	Completed
<b>1)</b>	<b>Diabetic Foot Exam:</b> Must document at least one of the 6 qualifying foot conditions in the last 6 months.	
<b>2)</b>	<b>Standard Written Order Form:</b> Must be filled out completely by the provider that completed the Diabetic Foot Exam. Specify all items required/medically necessary.	
<b>3)</b>	<b>Diabetes Maintenance Progress Notes</b> documented w/in last 6 months by Certifying Physician	
<b>4)</b>	<b>Statement of Certifying Physician/CMN Form</b> (Best practice is to complete all other steps prior to completion as this form expires in 90 days.)  <b><u>IMPORTANT:</u></b> If the provider did not personally document/complete the foot exam, they must obtain, indicate agreement, countersign, initial & date diabetic foot exam of the DPM/Podiatrist prior to or on the same date as the completion of the Statement of Certifying Physician/CMN form. Do not complete this form until this step has been completed.	

Your doctor may fax all required documentation directly to us or you may bring it in. Once we receive all documents, we will review them. If they meet insurance requirements, we will call you to set your evaluation/fitting appointment. If you have any questions regarding your therapeutic shoe needs, please contact us at [chp@carolinahealthcareproducts.com](mailto:chp@carolinahealthcareproducts.com) or

**910-755-6767.**

*Thank you!*

The CHP Team