

# The Cobbler Shop

101 High Street, Mount Holly, NJ 08060  
(609) 267-6766 Fax (609) 518-2087

Dear Medicare Patient:

Good News! After reviewing our Medicare files, we find you may be eligible for another pair of diabetic shoes and 3 pair of diabetic inserts for 2013.

To ensure smooth processing of the Medicare claim, it is important that you – the patient – do the following:

1. Take the Prescription Form (FORM 1) to the doctor currently treating you for diabetes. This could be your endocrinologist, family doctor or podiatrist. **This doctor must evaluate your feet before you are fitted for shoes and inserts.**
2. Have your doctor complete and sign FORM 2. This form cannot be signed by your podiatrist and you must have an in-person office visit.

Once you have both forms completed and signed, please call us to make an appointment. Our number is (609) 267-6766.

Please be sure you bring the following to your appointment with The Cobbler Shop:

- Form 1 (Prescription form) signed and dated by the doctor
- Form 2 (Statement of Certified Physician for Therapeutic Footware) signed and dated by the doctor
- Medicare card
- Secondary insurance card
- Photo ID

PLEASE NOTE: According to Medicare, if shoes and inserts are not fitted within 3 months of the physician's signature, the certification will be considered void.

Please contact us if you have any questions concerning this process. We are here to help.

Sincerely,

*Michael E. McHale*

Michael McHale, C.Ped.  
Owner

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## FORM 1 – Prescription Form

To be completed by a medical doctor, podiatrist or doctor treating diabetes. Note: the prescribing physician may be different from the certifying physician.

Patient Name: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### (RX) Please circle one:

1. One pair of Diabetic Shoes / Three pairs of Diabetic Insoles
2. One pair of Custom Molded Diabetic Shoes / Two extra pairs of Inserts
3. Other (Please

explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prescribing Physician Information

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

NPI# \_\_\_\_\_

**Please Note: According to Medicare, if shoes are not fitted within 3 months of physician's signature, this certification will be considered void.**

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## FORM 2: Statement of Certifying Physician for Therapeutic Footwear

To be completed by a medical doctor treating diabetes. Note: the prescribing physician may be different from the certifying physician.

Patient Name: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### I CERTIFY THE FOLLOWING TO BE TRUE:

1. This patient has diabetes mellitus. ICD-9 CODE: \_\_\_\_\_ (ICD-9 diagnosis codes 249.00-250.93)
2. Date of most recent office visit: \_\_\_\_\_  
Patient must have an in person visit within the doctor treating the diabetes within 6 months prior to being fit for shoes.
3. This patient has one or more the following conditions (check all that apply)
  - History of partial or complete amputation of the foot
  - History of pre-ulcerative callus
  - History of previous foot ulceration
  - Foot deformity
  - Poor circulation
  - Peripheral neuropathy and evidence of callus formation
4. I am treating this patient under a comprehensive plan for care for his/her diabetes
5. This patient needs special shoes (depth or custom-molded shoes) and/or inserts because of his/her diabetes.

**NOTE TO PHYSICIAN:** Medicare now requires that there is documentation in your records indicating that you are managing the patient's diabetes and secondary risk factors are noted above.

### Certifying Physician Information (MD or DO Only – per Medicare cannot be NPR, RN or DPM)

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Address:

\_\_\_\_\_  
NPI# \_\_\_\_\_

**Please Note: According to Medicare, if shoes are not fitted within 3 months of physician's signature, this certification will be considered void.**