A Comprehensive Foot Health Program is an integral part of managing a patient's diabetes.

More than 60% of non-traumatic lower limb amputations occur in people with diabetes.[1]

The rate of amputation for people with diabetes is 8 times higher than for people without diabetes.[2]

60-70% of diabetics have mild to severe forms of nervous system damage resulting in impaired sensation in the feet.[1]

According to the CDC (Centers for Disease Control), comprehensive foot care programs can reduce diabetic foot amputations by as much as 85%.[1]

For more information on diabetes and your feet, visit these sites:

diabetes.org
drcomfort.com
cdc.gov
cms.gov

CITATIONS: 1) 2011 National Diabetes Fact Sheet, Center for Disease Control and Prevention http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. 2) Declining Rates of Hospitalization for Nontraumatic Lower-Extremity Amputation in the Diabetic Population Aged 40 Years or Older: U.S., 1988–2008, YANFENG LI, NILKA RÍOS BURROWS, EDWARD W. GREGG, ANN ALBRIGHT, LINDA S. GEISS, DIABETES CARE, VOLUME 35, FEBRUARY 2012.

ATTENTION: PRIMARY CARE PHYSICIAN

Please fax Completed forms AND Your Patient Notes to:

GENUINE Dr.Comfort® EST. USA

800.556.5572 | drcomfort.com

ACCEPTED American Podiatric Medical Association

American Podiatric Medical Association Seal of Acceptance.

DJO®
T 800.556.5572
10300 North Enterprise Drive | Mequon, WI 53092 | U.S.A.
drcomfort.com | MKT00-7659 Rev A

GENUINE Dr.Comfort® EST. USA

IMPORTANT MEDICARE DOCUMENTATION INSTRUCTIONS

TAKE THIS TO YOUR PRIMARY CARE PHYSICIAN

Dear Doctor,

Just a few minutes of your time could help protect me against the foot health issues associated with diabetes. Providing this benefit is as easy as:

One

Complete the Statement of Certifying Physician confirming the patient meets Medicare's criteria–they have diabetes and one of the six qualifying conditions listed on the Statement.

Two

Complete the Prescription for Diabetic Shoes and Inserts, along with any special instructions.

Three*

Provide a copy of your Patient Notes–the sections showing 1) diagnosis of the qualifying condition and 2) treatment of the patient's diabetes.

Return these three documents to the patient or simply fax them to the provider listed on the back of this brochure. If you have any questions, please contact the provider for assistance.

*NOTE: Most recent office visit to Primary Care Physician and diagnosis of and/or treatment of qualifying condition must be within 6 months of patient receiving diabetic shoes and inserts.

To be completed by the M.D. or D.O. managing the patient's systemic diabetes condition in order for the patient to receive the Medicare benefit for prescription diabetic shoes and inserts under the Therapeutic Shoes for Persons with Diabetes (TSPD) Act.

(TEAR OFF HERE FOR FAXING)

Statement of Certifying Physician

Patient: _____

Patient D.O.B.: _____ Patient Phone: _____

1) This patient has diabetes mellitus:

☐ Type II ☐ Type I

2) QUALIFYING CONDITIONS: I have diagnosed and am including my notes showing that this patient has one or more of the following:

☐ Poor circulation
☐ Foot deformity
☐ Peripheral neuropathy with evidence of callus formation
☐ History of pre-ulcerative callus
☐ History of previous foot ulceration
☐ History of partial or complete amputation of the foot

3) I am treating this patient under a comprehensive plan for care of his/her diabetes.

4) This patient needs special shoes (extra depth or custom molded) because of his/her diabetes.

5) This patient needs shoe inserts (heat molded or custom fabricated) because of his/her diabetes.

Physician Signature: _____
Must be an M.D. or D.O.

Physician Name: _____

NPI #: _____ Date: _____

Physician Phone: _____

Physician Address: _____

FAX THIS AND YOUR PATIENT NOTES TO THE NUMBER ON THE BACK OF BROCHURE...

Prescription for Diabetic Shoes and Inserts

Patient: _____

Patient D.O.B.: _____ Patient Phone: _____

1) Type of shoes prescribed (check):

☐ Extra Depth (A5500) - 1 pair, unless otherwise noted

2) Type of inserts prescribed (check one):

☐ Heat Moldable (A5512) - 3 pairs, unless otherwise noted
☐ Custom Fabricated (K0903) - 3 pairs, unless otherwise noted

ICD Notes and/or Special Instructions:

_____

_____

_____

_____

_____

_____

Physician Signature: _____
Must be an M.D., D.O., D.P.M., P.A., N.P. or Clinical Nurse Specialist

Physician Name: _____

NPI #: _____ Date: _____

Physician Phone: _____

Physician Address: _____

...OR GIVE THIS AND YOUR PATIENT NOTES BACK TO THE PATIENT. THANK YOU!