

This summary will assist us to adjudicate the claim and provide timely reimbursement.

Please provide the information below and submit with the paid in full receipt and other supporting documentation.

Patient Name: _____

ID Number: _____ Policy Number: _____

The below sections to be completed by the provider of service.

PROVIDER INFORMATION
Provider Name: _____ Speciality Type: _____ Provider Number: _____

PRESCRIPTION AND DIAGNOSIS
<p>A copy of the prescription must be attached. Please indicate the prescriber type (ie. MD, Podiatrist etc): _____</p> Patient Diagnosis: _____

ORTHOPEDIC SHOES														
<input type="checkbox"/> Custom-made Orthopedic Shoes: <i>Include a copy of the detailed lab invoice</i> <input type="checkbox"/> Pre-fabricated Orthopedic shoes with modifications: <i>Complete the below information, and include the detailed invoice/receipt.</i>														
Make and Model number of the shoe: _____ Cost of Shoe: \$ _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Did the shoes receive Major Permanent Modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific modification, with the cost of each:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> </table> <p><small>Note: Medavie Blue Cross does not consider stretching, or pads/inserts glued into a shoes as an eligible permanent modification.</small></p> </td> <td style="width: 50%; padding: 5px;"> <p>Did the shoes receive Minor Alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific modification, with the cost of each:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> </table> </td> </tr> </table>	<p>Did the shoes receive Major Permanent Modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific modification, with the cost of each:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> </table> <p><small>Note: Medavie Blue Cross does not consider stretching, or pads/inserts glued into a shoes as an eligible permanent modification.</small></p>		\$		\$		\$	<p>Did the shoes receive Minor Alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific modification, with the cost of each:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> </table>		\$		\$		\$
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<p>A copy of the Gait Analysis or Biomechanical Assessment must be attached.</p>														

CUSTOM-MADE ORTHOTICS
Indicate the casting technique used to create the custom-made orthotics:
<input type="checkbox"/> Direct mold <input type="checkbox"/> Wax mold <input type="checkbox"/> Plaster of paris slipper cast <input type="checkbox"/> Semi-weight bearing foam casting box <input type="checkbox"/> 3-D contact digitizing (ie pin array system) <input type="checkbox"/> 3-D laser imaging scanning
<input type="checkbox"/> Other (please specify) _____
Total cost of the Orthotics: \$ _____

PROVIDER SIGNATURE
Signature of Provider: _____ Date: _____