



Foot Solutions of Little Rock  
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### **A STEP-BY-STEP GUIDE TO NAVIGATING MEDICARE'S DIABETIC SHOE PROGRAM**

Proper footwear is critical for patients with diabetes, helping them to prevent and alleviate conditions that could threaten their health.

Foot Solutions of Little Rock are specialists in diabetic footwear and are accredited to work with Medicare beneficiaries, helping diabetic patients to lead a healthy and active lifestyle.

Medicare requires medical documentation of your diabetic diagnosis in order for you to receive diabetic shoes and inserts. We have created forms and fact sheets for you and your physician to ensure a simple and smooth process.

1. Schedule an appointment to see the physician who is managing your diabetic condition. Medicare requires the following from your physician:
  - a) An evaluation of your diabetes condition
  - b) A comprehensive foot exam
  - c) Complete the required Medicare forms.
2. Request your physician complete, sign and date the Standard Written Order and the Statement of Certifying Physician forms.
3. Ask your physician for a copy of the medical or progress notes of your visit. The notes must have a description of the evaluation of your diabetic condition and your diabetic foot exam. The notes must state that you have one of the qualifying foot conditions.
4. Call us to schedule your initial assessment for your diabetic shoes and/or inserts once you have an appointment with your physician. Request the physician's office fax the forms to our medical support team at the fax number on the forms, or you can bring them with you to your appointment. Our fax number and mailing address are listed above

If you have any questions or concerns, please contact us 501-223-3383

## Therapeutic Shoes and Inserts

Foot Solutions Little Rock  
1101 S Bowman Rd Suite A-5  
Little Rock, AR 72211



TSB Medical Compliance  
Tel.: 602-689-9363  
Fax: 602-354-9298  
Email: medical@tsbbilling.com

### Paperwork for your patient's Medicare Diabetic Shoes Program

*Medicare requires the physician to be managing the patient's diabetes under a comprehensive plan of care*

To: Dr.  
Phone: .  
Fax:

From: TSB Medical Compliance for Foot Solutions  
Date:  
Re:

Dear Dr.

Please refer to the attached paperwork for your patient  
diabetic shoes and inserts.

(DOB: )

We ask Dr. to please provide the following:

- **STANDARD WRITTEN ORDER** - Please check the type of shoes and inserts you want for your patient &  
**STATEMENT OF CERTIFYING PHYSICIAN** - If not checked already, check your patient's specific foot condition(s).
- **NOTES ON QUALIFYING CONDITIONS** - Check all foot condition(s) that your patient has and summarize findings under "enter comments"
- **PROGRESS / CHART / SOAP NOTES** - Most recent office visit **NOTES FOR THE DIABETIC EVALUATION / MANAGEMENT**. The visit must be within the last 6 months of today's date.
  - IF the DM evaluation notes is by a NP or PA, Medicare requires that the supervisor physician must "verify & agree" sign and date the first page of the NP or PA medical notes to acknowledge agreement with the actions of the NP or PA.
- **ALL DOCUMENTS MUST BE SIGNED AND DATED BY Dr.**

If you have any questions, please call Medical Compliance at 602-689-9363.

PLEASE FAX BACK TO 1-602-354-9298

Thank You!

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