



Insurance Predetermination

for Medical Foot & Lower Limb Care provided by
Registered Podortho™ Foot Specialists



PATIENT INFORMATION

NAME

EMAIL

DATE OF BIRTH

PRIMARY CARE PROVIDER

PHONE NUMBER

PRIMARY CARE PROVIDER RECOMENDATION ATTACHED

YES

NO

NA

COVERAGE DETAILS

INSURANCE COMPANY

POLICY NUMBER

GROUP NUMBER

REG. PODORTHO FOOT SPECIALIST ASSESSMENTS, PLAN OF CARE:

- | | |
|---|--|
| ☐ Diabetic Foot Care & Screening | ☐ Senior Fall Risk Prevention with Foot Orthotics and/or Orthoses |
| ☐ Skin and/or Toenail Infection | ☐ Post Surgical Healing |
| ☐ Ingrown Toenail Removal | ☐ Wound Care (Pressure, Diabetic, Arterial, Venous, Injury) |
| ☐ Orthonyxia (Toenail Bracing) | ☐ Foot & Ankle Pain, Repetitive Strain or Sprain Injury (S) |
| ☐ Custom Corrective Foot Orthotics | ☐ Compression Legwear related to Lower Limb Edema, PCP Diagnosed Venous Insufficiency or Pregnancy) |
| ☐ Custom Accomidative Foot Orthotics | ☐ General Medical Foot Care |

REG. PODORTHO FOOT SPECIALIST DIAGNOSIS:

TREATMENT PLAN:

COST PER TREATMENT FOR MEDICAL FOOT CARE:

\$

COST PER TREATMENT FOR CUSTOM FOOT ORTHOTICS:

\$

Daily 3x per week Twice weekly

Weekly Bi-Weekly Every 3 weeks Monthly (4 weeks) Every 6 weeks Bi-Monthly (8weeks) Other _____

Reg. Podortho® Foot Specialist Signature:

CFCA, OFCA Provider #

Date: