



(336) 546-7165 Ext 123

(336) 790-1318 (FAX)

1345 Westgate Center Dr
Suite B
Winston Salem, NC 27103

Your Name: _____

Are you interested in getting Therapeutic Shoes/Inserts? YES or NO

Do you have diabetes? YES or NO

***If you don't have diabetes, you will not qualify and will be self-pay**

Do you have Medicare or a Medicare Advantage plan? YES or NO

Insurance Plan Name/ID: _____

Do you see an Endocrinologist for your diabetes? YES or NO

Are you in a skilled nursing facility? YES or NO

Who is the doctor that treats you for diabetes: _____

Because you have Medicare and they require certain forms and records to be in your chart, you will not be able to schedule an Evaluation appointment at this time. We will need signed compliant foot notes and a Statement of Certifying Physician form that we will fax to the doctor that treats you for diabetes.

To qualify, you must have diabetes and at least one of the following qualifying conditions:

- 1) History of partial or complete amputation of the foot
- 2) History of previous foot ulceration
- 3) History of pre ulcerative callus
- 4) Peripheral neuropathy with evidence of callus formation
- 5) Foot deformity
- 6) Poor circulation

Please choose one or more of the following options:

____ I would like Tierney O and P to fax paperwork to my diabetes doctor and I will follow up with my doctor. I will ask them to send the signed information to Tierney O and P as soon as possible. **If my doctor's fax number has changed, I will let Tierney O and P know the new fax number immediately.*

____ I would like Tierney O and P to mail/email the paperwork to me and I will take it to my doctor, who follows me for diabetes, for signatures and return the paperwork to Tierney O and P. I will retrieve my doctor's fax number while at their office.

If you have any questions, please call our diabetic shoe line at (336) 546-7165 ext. 125 and leave a voice message with your name, date of birth, and a call back number.

Sincerely,
Tierney O and P