



1345 Westgate Center Drive, Ste B, Winston Salem, NC 27103
Phone: 336-546-7165 | Fax: 336-790-1318

Thank you for choosing Tierney O&P for your therapeutic shoes and insert needs. We have enclosed a packet of information for you to fill out and mail, fax, or bring the completed form to Tierney O and P. We have received your prescription, but will also need the below required Medicare documentation from your medical provider (within the last 4 months) to begin the process of your therapeutic shoes and inserts:

1. Foot Notes: This is from a foot exam performed by an MD, PA, DPM, DO, or a NP
2. Diabetes Office Notes: This is from an office visit with your Endocrinologist or your PCP, DO, NP, or PA.
3. Statement of Certifying Physician: We will send all forms to be signed by a supervising MD or DO.

Once we have received all signed documents from your medical team, we will call you to schedule an Initial Evaluation appointment with one of our clinicians.

If you do not hear from Tierney O and P within **14 days**, please reach out to your Diabetes medical provider to inquire that they have received, signed, and faxed back the above documentation for your therapeutic shoes and inserts.

To help expedite this process for your therapeutic shoes and inserts, you may request the required medical documentation from Tierney O and P to take to your medical care providers for signatures.

If you do not qualify for therapeutic shoes and inserts, or you wish to purchase your therapeutic shoes and inserts as self-pay (not filing your Medicare Insurance), the therapeutic shoe packages start at **\$575**.

If paperwork is not received from your medical care team within **30 days**, we will deactivate your prescription in our system.

Sincerely,
Tierney O and P

IMPORTANT STEPS TO QUALIFY FOR DIABETIC FOOTWEAR

IMPORTANT: We cannot start our qualification process until the 2 pages are completed & returned

We received a prescription from your provider for therapeutic footwear. To proceed with scheduling, we need some additional information from you. **You do not need to contact our office.** We will get back with you once the paperwork is signed by your Diabetes Doctor or the Supervising MD/DO of your Nurse Practitioner or Physicians Assistant.

FULL NAME _____ DOB _____

CURRENT ADDRESS _____

HOME PHONE _____ CELLPHONE _____

CURRENT INSURANCE INFORMATION (INCLUDE MEMBER ID'S):

PRIMARY _____ SECONDARY _____

DO YOU HAVE DIABETES: ☐ YES ☐ NO *If Not, You Can Qualify For "Self Pay"*

DIABETES DOCTOR INFORMATION: _____

If you see a Diabetes Doctor (Endocrinologist), list them first

CURRENT PHONE _____ CURRENT FAX _____

FOOT CARE DOCTOR INFORMATION: _____

Podiatrist or Wound Care Doctor or Primary Care Doctor

CURRENT PHONE _____ CURRENT FAX _____

CHECK ANY APPLICABLE MCR REQUIRED FOOT CONDITIONS:

☐ Poor Circulation ☐ Amputation ☐ Callus with Neuropathy ☐ Pre-Ulcerative Callus
☐ Foot Ulcer ☐ Foot Deformities (i.e. bunion, hammertoes, etc) ☐ Unsure

IMPORTANT INFORMATION TO QUALIFY:

We will obtain an **office note** from both your diabetes doctor and (or) the doctor who examines your feet (i.e. podiatrist, wound care specialist). These notes must be dated within the last 4 months. If the visit was later than 4 months, you will need a follow up appointment. The paperwork we request must be signed and co-signed by the **MD/DO who supervises your diabetes care.**

NEXT STEPS:

Please complete, sign, and return all attached forms.

4 SIMPLE WAYS TO SUBMIT YOUR FORMS:

By Mail or In Person: Send or deliver all completed forms to the preferred office listed below.

By Fax: Send the forms to the fax number of your preferred office listed below.

By Email: Submit the forms via email to: Referrals@tierneyoandp.com.

Winston Salem

1345 Westgate Center Drive, Ste B
Winston Salem, NC 27103
Phone: 336-546-7165 | Fax: 336-790-1318

Greensboro

1409 Yanceyville Street, Suite B
Greensboro, NC 27405
Phone: 336-537-3901 | Fax: 336-900-0415

Wilkesboro

41 Boone Trail
North Wilkesboro, NC 28659
Phone: 336-387-6005 | Fax 336-387-6005

TIERNEY ORTHOTICS AND PROSTHETICS INC.

1345 Westgate Center Drive, Suite B Winston Salem, NC 27103

Phone: (336) 546-7165 Fax: (866) 403-2483

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is effective on March 27, 2025

Tierney Orthotics and Prosthetics Inc. has a legal duty to protect the personal and medical health information. To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 included a series of administrative provisions that required the United States Department of Health and Human Resources (HHS) to adapt national standards for electronic health care transactions and the use of release of identifiable health information. Tierney Orthotics and Prosthetics, Inc. follows these national standards in processing claims and filing electronic claims with the patient's insurance company and the use and release of protected health information.

Tierney Orthotics and Prosthetics, Inc. assures HIPAA security and privacy standards in order to protect the patient's personal health information. The medical records and health information are confidential and restricts most disclosure of information to the minimum needed for the intended purpose and establishes safeguards for disclosure of records for certain responsibilities, such as public health, research, and law enforcement.

We may disclose protected health information about you in the following circumstances:

- To provide health care treatment to you, including in the form of obtaining medical records pertaining to you.
- To obtain payment for services.
- For health care operations.

We may contact you (or call your contact numbers) to leave a message for you. Other ways we will reach out is by text or E-mail) to provide appointment reminders, information about treatment, services, products, or health care providers.

You have the right to:

- Request restrictions on uses and disclosure of protected health information about you.
- To request different ways to communicate with you.
- To see and copy protected health information about you.
- To request amendment of protected health information about you.
- To a listing of disclosures, we have made.
- To a copy of this Notice.

You may file a complaint about our privacy practices in writing to the following:

Geof Tibbs, CO, CPA
1345 Westgate Center Drive, Suite B
Winston-Salem, NC 27103

Thank you,
Geof Tibbs
Privacy Administrator

By signing below, I acknowledge to reading and comprehending the statements made above. I also agree to allow Tierney O and P, Inc to access relevant medical records from my referring physician, primary care physician, and/or all health care professionals within my healthcare management team for as long as I remain a patient at Tierney O and P, inc. This includes records retrieved via fax, mail, and electronic medical record.

I understand that I may notify Tierney in writing or via email in order to end this privilege at any time.

Patient Name _____ Patient Signature _____ Date _____