



Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

## **MEDICARE-FUNDED DIABETIC SHOES AND DIRECT FORMED MULTI-DENSITY INSOLES**

I have just received a pair of diabetic extra depth shoes and a minimum of one pair of direct-molded multi-density diabetic insoles.

I have been informed that Medicare will fund 80% of their allowable of \$\_\_\_\_\_ for my shoes and 80% of the \$\_\_\_\_\_ for each pair of diabetic multi-density insoles.

I understand that Medicare will fund one pair of diabetic shoes and up to three pairs of direct-molded insoles each calendar year after my annual deductible is satisfied.

I also understand that I am responsible for the remaining balance and that my co-insurance may not cover this cost.

### **NEW SHOES BREAK-IN POLICY**

We recommend wearing your new shoes in the home over a one week break-in period. They should be worn no longer than 1- 3 hours for the first two days, and 3 - 5 hours the remaining five days. If the shoes and inserts are comfortable after this period they can be worn full time.

If the shoes are not comfortable, do not wear them outside of the home. They can be exchanged for alternative size if they are returned within 10 days in the original box and do not show wear.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date