**Receipt of Diabetic Shoes and Inserts**

Delivery Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ordering Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Diagnosis Code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_

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| --- | --- | --- |
| Quantity | Prescribed Item and Description | HCPCS / OTC Code |
|  | DIABETIC SHOES (Diabetic Shoe for density insert) | A5500 KX |
|  | HEAT MOLDABLE ORTHOTICS (Mult dens insert direct form) | A5512 KX |
|  | DIABETIC CUSTOM ORTHOTICS (Mult dens insert custom mold) | A5514 KX |
|  | AMPUTATION FILLER (Partial foot, shoe insert w/ longitudinal arch, toe filler) | L5000 L R |

Shoes (Indicate Model #/Style/Color/Size): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Given to patient**:

(MA’s initials) \_\_\_\_ **SELF PAY**

\_\_\_\_\_\_\_\_ Copy of Delivery Documentation form \_\_\_\_ **ABN Signed**

\_\_\_\_\_\_\_\_ Medicare DMEPOS Supplier Standards \_\_\_\_ **Dm Shoe Exchange: DO NOT BILL INSURANCE**

**Scanned into patient’s chart:**

Signed Delivery Documentation form

Signed Diabetic Shoes Superbill

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Witness Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated 09/18/2023