

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



**Delivery Documentation (POD), Break-In Instructions, Warranty, Payment Authorization**

Congratulations on receiving your new shoes. In accordance with Medicare regulations, they have been selected to provide you with optimum comfort and protection.

**GETTING USED TO YOUR SHOES** People with decreased feeling in their feet may have a false sense of security as to how much at risk their feet are. An ulcer on the foot can develop in a couple of hours even if the shoes are expertly fit. You could also experience other issues as a result of walking simply due to the mechanics of your feet. In order to best avoid these, please adhere to the following break-in schedule:

- First Day      Wear One Hour – Check Feet After
- Second Day   Wear Two Hours – Check Feet after first hour
- Third Day     Wear Three Hours – Check Feet after two hours
- Fourth Day    Wear Four Hours – Check Feet after two hours
- Fifth Day     Wear Full Day – Check Feet after half day of wear and at days end

**IF AT ANY TIME YOU SEE RED SPOTS OR DARKNESS ON THE TOES OR OTHER BONY AREAS:**

Discontinue wearing the shoes for the rest of the day and start the routine again the next day with one hour of wear.

**IF A RED SPOT OR DARKNESS APPEARS WITH EVERYDAY WEAR DO NOT WEAR SHOES.** Call our office for an adjustment appointment. **BE SURE TO CHECK YOUR FEET EVERY DAY.**

**Follow-up** You should have regular scheduled visits with the Doctor. Please direct any questions to this office. Billing questions may be directed to your Medicare carrier. Every four months remove the inserts in your shoes and replace them with a new pair. In one year, you will receive a reminder to return to the office to evaluate the condition of these shoes.

**Return Policy** Shoes that are unsuitable may be returned within two weeks of dispensing. The shoes must be in good/original condition, no scuff marks, outside dirt or obvious wear on the soles and must be in the original packaging/box. We strongly urge you to wear these shoes in your home for the first week. Substandard shoes may also be returned as all warranties, expressed and implied under applicable State law will be honored.

I certify that I have received the item(s) marked below in good condition and I authorize Medicare and my supplemental insurance to pay Neuhaus Foot & Ankle directly. The Doctor has explained, in detail, the proper use and care of these shoes and inserts and has fit them to me. The Doctor has asked me to call the office if I encounter any problems or if I have any questions and I have demonstrated that I understand the instructions and information given to me. I have been informed of the Medicare DMEPOS Supplier Standards (see attached). I agree to receive reminders by mail, email, or telephone to determine if appropriate to be fit with replacement shoes or inserts.

**Description of Shoes/Inserts Received**

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

Quantity Delivered: Right shoe: \_\_\_\_\_ Left shoe: \_\_\_\_\_

Quantity Delivered: Right Prefab/Custom Insert: \_\_\_\_\_ Left Prefab/Custom Inserts: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Updated 9/18/2023