

## *INSTRUCTIONS FOR PATIENTS*

### *THERAPEUTIC SHOES FOR PERSONS WITH DIABETES PROGRAM*

1. **Call Boston Pedorthic** at (617) 787-8779 to get started. Have your insurance information and date of birth ready.
2. **Obtain a Prescription** for therapeutic footwear. Either the doctor's prescription pad or the Boston Pedorthic prescription form on page 2 is acceptable. Fax the prescription to (270) 747-8779.
3. **Obtain a Statement of Certifying Physician.** This statement is on page 3 and establishes criteria for insurance coverage. It must be signed by an M.D.

### *THE PROCESS*

1. After you call Boston Pedorthic, we will verify your insurance eligibility and benefits and then call you to schedule your appointment.
2. If you have custom work done, you will return for a second appointment.

### *GETTING TO BOSTON PEDORTHIC*

For driving instructions or directions by public transportation, see Page 4

PATIENTS: PLEASE CALL AHEAD FOR AN APPOINTMENT



Questions: Call (617)787-8779 ▪ [www.bostonpedorthic.com/diabetes](http://www.bostonpedorthic.com/diabetes)

Please return original by fax (270) 747-8779 or  
 mail to Boston Pedorthic, 1929 Commonwealth Ave, Boston MA 02135

## *THERAPEUTIC SHOES FOR PERSONS WITH DIABETES PROGRAM*

Insurance coverage includes one pair of depth-inlay shoes plus three pairs of custom molded inserts to provide for one calendar year of therapeutic footwear. Custom molded shoes may be substituted for depth-inlay shoes. Orthopedic shoe modifications may be substituted for custom molded inserts.

### Prescription for Therapeutic Shoes

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

Patient Telephone : \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ Insurance # \_\_\_\_\_

	Diagnosis:	Prescription	
	Diabetes Mellitus and one or more of the following:	Depth-inlay shoes	LT/RT
	<ul style="list-style-type: none"> <li>• History of partial or complete amputation of the foot</li> </ul>	Custom molded insoles	LT/RT
	<ul style="list-style-type: none"> <li>• History of previous foot ulceration</li> </ul>	Custom molded shoes	LT/RT
	<ul style="list-style-type: none"> <li>• History of pre-ulcerative callus</li> </ul>	<b>Orthopedic shoe modifications</b>	
	<ul style="list-style-type: none"> <li>• Peripheral neuropathy with evidence of callus formation</li> </ul>	Rocker Sole	LT/RT
	<ul style="list-style-type: none"> <li>• Foot deformity</li> </ul>	Rigid Sole	LT/RT
	<ul style="list-style-type: none"> <li>• Poor circulation</li> </ul>	Lift Amount: _____ ___ Heel raise or ___ Platform lift	LT/RT
	Other:	Other:	LT/RT

#### Prescribing Physician Information

\_\_\_\_\_  
 Physician Name (Printed)

\_\_\_\_\_  
 Physician Signature Date

\_\_\_\_\_  
 Physician Address

\_\_\_\_\_  
 Physician NPI

\_\_\_\_\_  
 Physician Telephone

\_\_\_\_\_  
 Physician Fax

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*For Insurance Coverage under the  
THERAPEUTIC SHOES FOR PERSONS WITH DIABETES PROGRAM*

*This statement establishes criteria for insurance coverage. It must be signed by an M.D. and retained in original form in the patient's medical record at Boston Pedorthic*

**Statement of Certifying Physician for Therapeutic Shoes**

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

Patient Telephone : \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ Insurance # \_\_\_\_\_

I certify that all of the following are true:

1. This is a patient with diabetes mellitus **ICD-9 Code:** \_\_\_\_\_ (ICD-9 diagnosis codes 250.00-250.91)

2. This patient has one or more of the following conditions: (**check all that apply**)

- History of partial or complete amputation of the foot
- History of previous foot ulceration
- History of pre-ulcerative callus
- Peripheral neuropathy with evidence of callus formation
- Foot deformity
- Poor circulation

3. I am treating this patient under a comprehensive plan of care for his or her diabetes.

4. This patient needs special shoes (depth or custom-molded shoes) and/or inserts because of his/her diabetes.

**Certifying Physician Information**

\_\_\_\_\_  
Physician Name (Printed)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
Physician NPI

\_\_\_\_\_  
Physician Telephone

\_\_\_\_\_  
Physician Fax

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1929 Commonwealth Avenue  
Reservoir Towers  
Brighton, MA 02135

Telephone: 617-787-8779  
Fax: 270-747-8779  
Email: [info@bostonpedorthic.com](mailto:info@bostonpedorthic.com)

[www.bostonpedorthic.com/diabetes](http://www.bostonpedorthic.com/diabetes)



**Driving instructions** can be found on the following page or through [mapquest.com](http://mapquest.com)

### **Subway Route Green Line B**

Destination: COMMONWEALTH AVE & CHESTNUT HILL AVE

### **Bus Route 86**

from Sullivan Square, Somerville via Harvard Square, Cambridge  
Destination: CHESTNUT HILL AVE & SOUTH ST  
For bus departure times, see [www.mbta.com](http://www.mbta.com)

### **Handicapped Accessibility**

There is handicapped accessibility through the entrance of Reservoir Towers. Ring the management office for entry.

**Parking.** Please allow time and flexibility with city parking

Metered 2 hour parking on Chestnut Hill Avenue between Beacon Street and Comm. Ave. on the west side of the street.

Between the hours of 9 - 5, Monday through Friday there may be available, free parking spots in the ground, level lot to the left of the building. **Exterior Only.** Do not park under the building. Other times, obtain a pass at Boston Pedorthic to hang in your rear-view mirror.

*Boston Pedorthic is located on the westbound side of Commonwealth Ave. in Brighton. east of Boston College where Brighton meets Chestnut Hill.*

*one block north of Cleveland Circle*

*located on the ground floor of the Reservoir Towers Apartment Complex*

**Driving Directions****From Close Northern Suburbs: Belmont, Arlington, Medford, via Cambridge**

- Start out going south on Fresh Pond Parkway (US-3/MA-16/MA-2 toward Lake View Avenue.
- Turn SLIGHT RIGHT onto GERRYS LANDING RD.
- GERRYS LANDING RD becomes GREENOUGH BLVD.
- Turn LEFT onto ARSENAL ST.
- ARSENAL ST becomes WESTERN AVE.
- Turn RIGHT onto ramp.
- Keep LEFT at the fork in the ramp.
- Turn SLIGHT RIGHT onto LEO M BIRMINGHAM PKWY.
- Turn SLIGHT LEFT onto MARKET ST.
- MARKET ST becomes CHESTNUT HILL AVE.
- Turn RIGHT onto COMMONWEALTH AVE / MA-30 W.
- See Reservoir Towers apartment building at the intersection of Commonwealth Avenue and Chestnut Hill Avenue (on the westbound side of Commonwealth Avenue)
- Boston Pedorthic is on the ground floor of Reservoir Towers to the left of the apartment entrance. 1929 Commonwealth Avenue, Brighton.

**From Points North or South via Route 93**

- Route 90 Westbound toward Worcester
- Take Exit 20 toward Allston/Brighton
- Merge onto Cambridge Street
- Turn LEFT onto Harvard Avenue
- Turn RIGHT onto MA-30 W / COMMONWEALTH AVE
- See Reservoir Towers apartment building at the intersection of Commonwealth Avenue and Chestnut Hill Avenue (on the westbound side of Commonwealth Avenue)
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**From West from Route 90**

- Take the I-95 N/RT-30/RT-128 N exit, EXIT 14, toward N.H.-MAINE/POINTS NORTH.
- Merge onto MA-30 E via EXIT 24 toward NEWTON/BOSTON.
- Stay on Route 30 past Boston College (approximately fifteen minutes)
- You will then enter Brighton, passing a cemetery on your right.
- At the top of the hill, you can see apartment buildings.
- Look for a 15 story apartment building on the west bound side of the street. This is Reservoir Towers.
- Make a U turn at the next major intersection: Chestnut Hill Avenue
- See Reservoir Towers apartment building at the intersection of Commonwealth Avenue and Chestnut Hill Avenue (on the westbound side of Commonwealth Avenue)

- Boston Pedorthic is on the ground floor of Reservoir Towers to the left of the apartment entrance. 1929 Commonwealth Avenue, Brighton.