

LANSLOWNE PODIATRY
44135 WOODRIDGE PARKWAY #180
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Dear Doctor:

As of January 1, 2005 Medicare has required that patients receiving foot care of toenails and corns/calluses be qualified by their primary care physicians. Patients who want their foot care covered by Medicare must now qualify PRIOR to their visit. Patients must have at least one of the qualifying conditions listed below and must have the class findings also listed below. Medicare now requires our office to include the following on our 1500 form: 1. Your name, 2. Your UPIN/NPI number. 3. The date patient was last seen by you and 4. Qualifying diagnosis checked. Thank you in advance for faxing the completed form back to our office.

Sincerely,

Dr. Monique Renee Rolle, DPM

This is to certify that _____ DOB _____ is being treated for:

Diabetes (IDDM or NIDDM) with: Neurological manifestations

Vascular Manifestations

End stage renal disease

Ophthalmic manifestations

Peripheral Neuropathy due to: Malignant disease

Drugs/medications

Hereditary causes

Arteriosclerosis with: Claudication

Cold feet

Atrophic skin

Hair loss

Rubor/cyanosis

Peripheral Vascular Disease

Anticoagulant Therapy

Phlebitis/thrombophlebitis: of deep vessels of lower extremities

of superficial vessels of lower extremities

This patient is not eligible for foot care coverage under the Medicare guidelines:

Class findings: non-traumatic amputation of the foot, absent dorsalis pedis pulse, absent posterior tibial pulse, decreased hair growth, nail thickening, trophic, pigmentary changes of skin, claudication of lower extremities, cold feet, numbness, tingling, burning of feet

Please check at least one of the above diagnoses:

Primary Physician's Name & Signature _____ UPIN/NPI _____ Date of patient's last visit _____