Bond Shoe & Foot

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STATEMENT OF CERTIFICATION FOR THERAPEUTIC SHOES

Please retain a copy of this certification in patients chart

PATIENT NAME _____DOB_____

I certify that all of the following statements are true:

1. **This patient has Diabetes Mellitus, ICD-10 code:_____**
   A qualifying ICD-10 code is required on this certification statement

2. **After performing a foot exam (or reviewing clinical podiatric notes), I have observed that this patient has one or more of the following conditions. (circle all that apply)**

   a) **History of partial or complete amputation of toes**
   b) **History of previous foot ulceration**
   c) **History of pre-ulcerative callus**
   d) **Peripheral neuropathy with evidence of callus formation**
   e) **Foot deformity – example: hammertoes, bunions, Charcot,**
   f) **Poor circulation**

3. **Details about the above conditions are contained in clinical notes that I have prepared or that another clinician has prepared and I have reviewed. A COPY OF THESE NOTES MUST BE PROVIDED WITH THIS CERTIFICATION, AND THE NOTES MUST BE MARKED "I AFFIRM" WITH INITIALS AND DATE.**

4. **I have seen this patient within the last six months.**

5. **I am treating this patient under a comprehensive plan of care for his/her diabetes.**

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

Provider signature: _____

Date signed: _____ Provider NPI: _____

Provider name and address:

_____

_____

_____

***** This certification can NOT be completed by a podiatrist *****

Clinical Instructions

1. This document **MUST** be filled out by the MD/DO Physician treating this patient's diabetes.
2. This document **CANNOT** be filled out by a podiatrist, NP, or PA as of **12/31/2025**.
3. This document must be accompanied by recent visit notes regarding this patient's diabetes **AND** affirmed or original notes regarding this patient's qualifying foot conditions.
4. Incomplete certifications, certifications not supported with sufficient clinical documentation, and clinical documentation not explicitly endorsed by the certifying physician, cannot be accepted.
5. Patients whose condition is not sufficiently supported by the documentation provided with this certification are not eligible for therapeutic footwear and any pending orders for therapeutic footwear at **Bond Shoe & Foot** will be cancelled.