

This summary will assist us to adjudicate the claim and provide timely reimbursement.

**Please provide the information below and submit with the paid in full receipt and other supporting documentation.**

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

ID Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*The below sections to be completed by the provider of service.*

<b>PROVIDER INFORMATION</b>
Provider Name: _____ Speciality Type: _____ Provider Number: _____

<b>PRESCRIPTION AND DIAGNOSIS</b>
<b>A copy of the prescription must be attached.</b> Please indicate the prescriber type (ie. MD, Podiatrist etc): _____ Patient Diagnosis: _____

<b>ORTHOPEDIC SHOES</b>		
<input type="checkbox"/> <b>Custom-made Orthopedic Shoes:</b> <i>Include a copy of the detailed lab invoice</i> <input type="checkbox"/> <b>Pre-fabricated Orthopedic shoes with modifications:</b> <i>Complete the below information, and include the detailed invoice/receipt.</i>		
Make and Model number of the shoe: _____ Cost of Shoe: \$ _____		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">                     Did the shoes receive <b>Major Permanent Modifications</b>?  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, list the specific modification, with the cost of each:                      _____ \$ _____                      _____ \$ _____                      _____ \$ _____                 </td> <td style="width:50%; padding: 5px;">                     Did the shoes receive <b>Minor Alterations</b>?  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, list the specific modification, with the cost of each:                      _____ \$ _____                      _____ \$ _____                      _____ \$ _____                 </td> </tr> </table> <p><i>Note: Medavie Blue Cross does not consider stretching, or pads/inserts glued into a shoes as an eligible permanent modification.</i></p>	Did the shoes receive <b>Major Permanent Modifications</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific modification, with the cost of each: _____ \$ _____ _____ \$ _____ _____ \$ _____	Did the shoes receive <b>Minor Alterations</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific modification, with the cost of each: _____ \$ _____ _____ \$ _____ _____ \$ _____
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<b>A copy of the Gait Analysis or Biomechanical Assessment must be attached.</b>		

<b>CUSTOM-MADE ORTHOTICS</b>
Indicate the casting technique used to create the custom-made orthotics:
<input type="checkbox"/> Direct mold <input type="checkbox"/> Wax mold <input type="checkbox"/> Plaster of paris slipper cast <input type="checkbox"/> Semi-weight bearing foam casting box <input type="checkbox"/> 3-D contact digitizing (ie pin array system) <input type="checkbox"/> 3-D laser imaging scanning
<input type="checkbox"/> Other (please specify) _____
Total cost of the Orthotics: \$ _____

<b>PROVIDER SIGNATURE</b>
Signature of Provider: _____ Date: _____

<b>MEDAVIE BLUE CROSS ADDRESSES</b>				
<b>New Brunswick and Prince Edward Island</b> 644 Main St PO Box 220 Moncton NB E1C 8L3 Inquiries: 1-800-667-4511	<b>Ontario</b> 185 The West Mall Suite 1200 PO Box 2000 Etobicoke ON M9C 5P1 Inquiries: 1-800-355-9133	<b>Quebec</b> PO Box 3300 Succursale B Montreal, QC H3B 4Y5 Inquiries: 1-888-588-1212	<b>Nova Scotia</b> PO Box 2200 Halifax NS B3J 3C6 Site: 230 Brownlow Ave, Dartmouth Inquiries: 1-800-667-4511	<b>Newfoundland and Labrador</b> Viking Building 136 Crosbie Road, Suite 204 St. John's, NL A1B 3K3 Inquiries: 1-800-667-4511

