

The Ankle & Foot Walk-In Clinic

Doctor Scott Peters

Specialist of the Ankle & Foot

University Hospitals
Mayfield Village Medical Center
730 SOM Center Rd. Suite 350 - Mayfield Village, OH 44143
Phone Number: 440-995-1111 Fax Number: 440-995-1234

TREATMENTS + DURABLE MEDICAL EQUIPMENT CODES

Patient Name: _____ Date: _____

Insurance Company _____

Diagnosis Code(s): _____

TREATMENT CPT-Code(s): (Please Circle)

97035	Ultrasound	29580	Unna Boot
97140	Soft Tissue Mobilization	20550	Injection (Cortisone)
97110	Exercise Strengthening	20605	Injection
97014 or G0283	Electrical Stimulation	29515	Jones Compression Dressing

DURABLE MEDICAL EQUIPMENT (DME)-CPT Code(s): (Please Circle)

L1930	Night Splint	L2112	CAM Walker
L3010 or L3020 or L3030	Custom Orthotics		
A5500 x 2	Diabetic Shoes	A5512 x 6	Inserts

Your doctor felt you may benefit from treatments and/or "DME". Depending on your insurance company and benefits, these may be covered. I have included the above codes for you to check with your insurance for your coverage.

These treatments and/or "DME" are something your doctor felt strongly will help your condition and be helpful to the overall function of your foot/ankle long term.

When you call the insurance company, some important information for you to keep for your records:

1. The name of the insurance company and their phone number
2. The first name and the first initial of the last name of the person you spoke to
3. The date and time you spoke to them
4. You are asking for your benefits and give the above codes
5. You may be responsible for a percentage or a deductible or they may not be covered. You can ask your insurance company if you have a deductible (if so, how much has been met) and/or the percentage you may be responsible.
6. SOMETIMES YOU MAY EVEN ASK IF THE PHONE CALL CAN BE RECORDED.

KEEP THE ABOVE RECORDS FOR YOUR OWN USE SHOULD YOU NEED TO FOLLOW UP WITH YOUR INSURANCE COMPANY AT A LATER DATE. WE DO NOT NEED THIS INFORMATION.

If you decide to take advantage of this opportunity, you will schedule an appointment for these treatments (about 45 minutes to 1 hour - 1-2 times per week).

If you have any questions please do not hesitate to contact our office.

Thank you.

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CUSTOM MOLDED ORTHOTICS

Patient Name: _____ Date: _____

Insurance Company _____

CPT-Code: L3010, L3020, or L3030 Custom Molded Orthotics

Diagnosis Code(s): _____

Your doctor felt you may benefit from custom made orthotics (shoe inserts) (cost \$ 350.00). Depending on your insurance company and benefits, these may be covered. I have included the above codes if you would like to check with your insurance for your coverage.

These devices are something you do not need to get, however, your doctor felt strongly that these will help your condition and be helpful to the overall function of your feet long term.

When you call the insurance company, some important information for you to keep for your records:

1. The name of the insurance company and their phone number
2. The first name and the first initial of the last name of the person you spoke to
3. The date and time you spoke to them
4. You are asking for your DME (Durable Medical Equipment) benefits and then give the above codes
5. You may be responsible for a percentage or a deductible or they may not be covered. You can ask your insurance company if you have a deductible (if so, how much has been met) and/or the percentage you may be responsible.

If you decide to take advantage of this opportunity, you will schedule an appointment to be "casted" (about 30-45 minutes) for orthotics. We should receive them from our lab in approximately 2-3 weeks.

If you have any questions please do not hesitate to contact our office.

Thank you.