

Date:

Re:

Dear Dr. \_\_\_\_\_

Physical examination revealed that your patient has the condition(s) listed on the enclosed form, and therefore qualifies for footwear and inserts under the Medicare Therapeutic Shoe Bill. This preventive program was established for at-risk patients, with or without a history of foot ulceration. Medicare guidelines require that the physician who is managing the patient's diabetic condition certify the patient for footwear and inserts.

We ask you to please sign and return the certifying statement in the self-addressed, stamped envelope. If you have any questions concerning this patient please do not hesitate to call. Thank you for your cooperation in this matter.

Sincerely,