



## Patient Instructions/Warranty/Receipt

### New shoe break-in period

- Wear your shoes at home on a carpeted surface for one hour the first day.
- Remove your shoes and check your feet for any sores or irritations. Check all areas of your feet including your toes, the tops bottoms and sides of your feet, the back of your heels, etc. If you notice any red spots or other signs of irritation, or if the shoe does not fit properly, stop wearing your shoes immediately. Call your doctor and make an appointment to have the fit of your shoes checked. You must bring the shoes back in the original box.
- If the shoe fits properly increase your wearing time to two hours the second day and three hours on the third day. After each day check your feet again for sores or irritations.
- If you are satisfied with the fit of the shoes after wearing them for three days you can begin wearing them outside. Remember, the shoes can only be returned if they are still in new condition and in the original box.

### Home inspection and follow-up office visits

- After the initial break-in period, patients should continue to inspect their feet daily for any sores or irritations after removing their shoes. Consult your doctor if you detect any irregularities.
- Replace inserts at four month intervals to ensure adequate protection.
- Inspect the shoes and inserts periodically and consult your doctor if they show unusual wear.
- See your doctor for routine foot care and inspection of your feet at periodic intervals.
- Enjoy your new shoes and inserts!

### Warranty/Return Policy on Shoes

Please wear your shoes on a carpeted surface first, until you are sure of a comfortable fit. Shoes that are dirty or have visible wear or damage cannot be returned or exchanged. Shoes can be returned or exchanged because of faulty fit within 30 days from the date they were received. Shoes must be returned in the original box. The shoes are warranted to be free from defects in material and workmanship for a period of six months from the start of use.

### Authorization of Payment & Proof of Delivery

I certify that I have received \_\_\_ pair of shoes (A5500) and \_\_\_ pairs of inserts (A5512 or A5513). I am satisfied with the fit and authorize Medicare and my supplemental insurance carrier to pay \_\_\_\_\_ directly. I understand that Medicare will cover up to one pair of shoes and three pairs of inserts per calendar year. I understand that I am responsible for any deductible and the 20% co-insurance if my insurance carrier does not pay. I have not received any diabetic shoes or inserts from any other supplier during this calendar year. I have received a copy of the Supplier Standards have read and understand them. I have been instructed to call the office if I encounter any problems.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date