

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.

PROVIDER INFORMATION	
Provider Name: _____	
Speciality Type: _____ Provider Number: _____	

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

ORTHOPEDIC SHOES													
<input type="checkbox"/> Custom-made Orthopedic Shoes: <i>Include a copy of the detailed lab invoice</i>													
<input type="checkbox"/> Pre-fabricated Orthopedic shoes with modifications: <i>Complete the below information, and include the detailed invoice/receipt.</i>													
Make and Model number of the shoe: _____ Cost of Shoe: \$ _____													
<p>Did the shoes receive Major Permanent Modifications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the specific modification, with the cost of each:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$ _____</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ _____</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ _____</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>		\$ _____		\$ _____		\$ _____	<p>Did the shoes receive Minor Alterations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the specific modification, with the cost of each:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$ _____</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ _____</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ _____</td></tr> </table>		\$ _____		\$ _____		\$ _____
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	\$ _____												
	\$ _____												
	\$ _____												
A copy of the Gait Analysis or Biomechanical Assessment must be attached.													

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

PROVIDER SIGNATURE	
Signature of Provider: _____	
Date: _____	

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

