

JUN 27 2023
 FAX: 210-694-4581
 PH: 210-614-8777

Thank you,
 Hill Country Orthotics & Prosthetics
 Phone: 210-614-8777
 Fax: 210-694-4581

- Detailed Prescription signed and dated by the referring provider (ATTACHED)
 - Must include documentation of covered diagnosis or the patient will not be eligible for insurance coverage.
 - Bilateral diabetic shoes is NOT COVERED for M14.671 Charcot's joint, right ankle and foot.

Documentation Request: referral placed ON HOLD.
 Items needed:

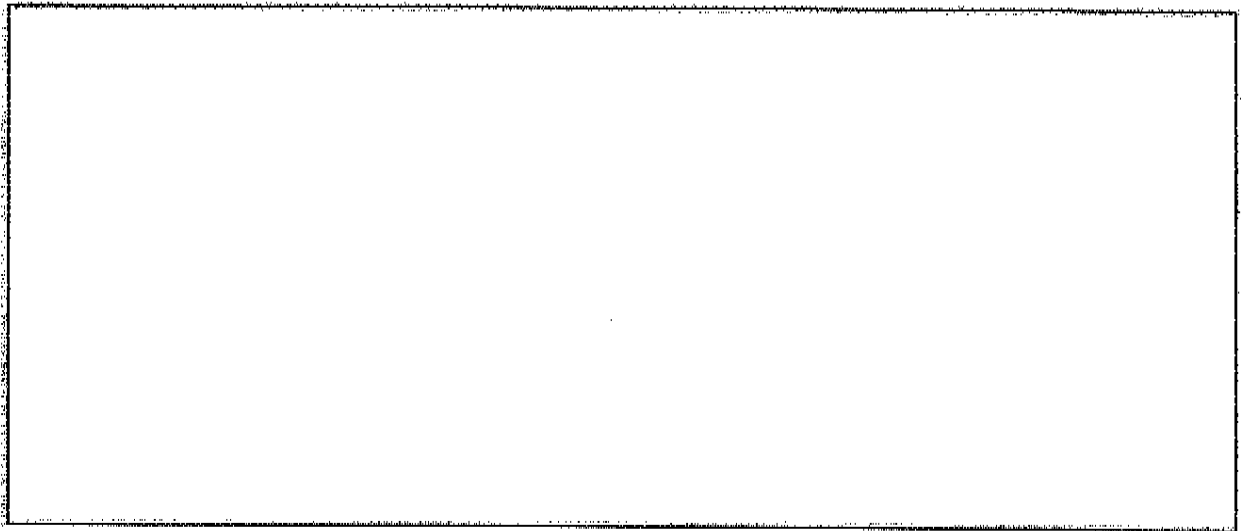
Patient: Nicolas L Banda
 DOB: 12/06/1957
 Referral for: Bilateral diabetic shoes

HILL COUNTRY
 Hill Country Orthotics and Prosthetics
 4242 Medical Dr, Bldg 2, Suite 2100
 San Antonio, TX 78229-5641
 Tel: (210) 614-8777
 Fax: (210) 694-4581

Central Intake Phone: (210) 614-8777

Physician Name: PLASBY CLINIC NPI#: 177655797
Physician Signature: [Signature] Date: 6/27/23
(Please Print) (Medicare Requires Hand Signature and Date)

Letter of Medical Necessity:
The above patient has been under my care and is in need of the prescribed orthopedic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.



Additional Items* (To prescribe any additional items not listed above, please fully describe items below (include quantity and Right/Left/Bilateral))
 Other services include but are not limited to upper and lower extremity prosthetics, custom/off-the-shelf upper and lower extremity orthotics, custom and prefabricated/lumpor orthotics.

- Diabetic Shoes A5500 X2 with Diabetic Inserts, heat molded A5512 X6
- Diabetic Shoes A5500 X2 with Diabetic Inserts, custom A5513/A5514 X6
- Diabetic Shoes A5500 X2 with (select one):
 - Right Side Toe Filler L5000 X1 and Left Side Diabetic Inserts, custom A5513/A5514 X3
 - Left Side Toe Filler L5000 X1 and Right Side Diabetic Inserts, custom A5513/A5514 X3
 - Bilateral Toe Filler L5000 X2

Items Needed:
Patient Name: Nickson Bonder Date: 6/27/23
ICD 10: E11.9/511.7D Diagnosis: DM 2 poorly controlled outpatient DOB: 01/19/57
Length of Need (Number of Months): (6) Start Date: _____

HILL COUNTRY Orthotics & Prosthetics
Prescription for Diabetic Shoes & Inserts
Fax Orders to: (210) 694-4581