

Everett

1300 44th Street SE Everett, WA 98203 Phone 425-339-2559 Fax 425-339-1583

Bellingham

3106 Northwest Ave Bellingham, WA 98225 Phone 360-734-0298 Fax 360-734-9679

Mt. Vernon

1520 Roosevelt Ave Mt. Vernon, WA 98273 Phone 360-416-6505 Fax 360-416-8241

Edmonds

7631 212th Street SW, STE 102A Edmonds, WA 98026 Phone 425-776-1247 Fax 425-776-8045

Sequim

566 N Fifth Ave Sequim, WA 98382 Phone 360-797-1001 Fax -360-797-1003

Spokane

101 E Hastings Rd, STE J Spokane, WA 99218 Phone 509-620-9362 Fax 509-505-0912

Dear Physician:

For a prefabricated AFO (ankle-foot-orthosis) to be covered by Medicare and many other insurance plans, a physical evaluation of the patient that discuss **the following bullet points must be included in the <u>physician's chart note</u> (Medicare does not consider a letter part of the medical record). Please fax the compliant chart notes to our office once evaluation is completed.**

The physician must document AND DISCUSS the following:

- 1. Patient is ambulatory (or, if not currently ambulatory, the plan to progress the patient to ambulation); and
- 2. Patient has a weakness or deformity of the foot and ankle; and
- 3. Patient requires stabilization of the foot and ankle for medical reasons; and
- 4. Patient has the potential to benefit functionally from the use of an AFO

Thank you, and please let us know if you have any questions or concerns.