



**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 prosthetic liners to be covered by Medicare, all applicable Medicare statutory and regulatory requirements must be met. Medicare requires a physical evaluation of the patient, and the following bullet points must be included in the physician's chart note (Medicare does not consider a letter part of the medical record). Please fax any Medicare compliant chart notes to our office.

The physician must document the following:

- 1) This patient continues to use their prosthesis
- 2) If replacing liners within frequency limitations (2 per calendar year) why the existing liner(s) need to be replaced (stretched out, developed a hole, etc.)

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

Revised 11.16.2021