



**GURNEE  
PODIATRY &  
SPORTS MEDICINE  
ASSOC.**

**Treatment • Prevention • Rehabilitation**

**Lisa M. Schoene, DPM, ATC, FACFAS**  
Fellow, American College of Foot & Ankle Surgeons  
Fellow, American College of Foot & Ankle Orthopedics & Medicine  
Fellow, American Academy of Podiatry Sports Medicine  
Certified Athletic Trainer

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Fellow, American College of Foot & Ankle Orthopedics & Medicine  
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Physician, Surgeon & Specialist

**Custom Orthotic Benefit Verification**

**What is an Orthotic?**

It is a device worn in the shoes that effectively changes the manner in which the bones and muscles of the feet and legs function during walking and running.

**How do Orthotics compare with arch supports?**

Only a custom Orthotic can effectively support and control the abnormal foot, taking into account, age, weight, specific sport, arch height, flexibility and specific lower extremity conditions.

**What are some of the common uses of orthotics?**

Orthotics help support "fallen" or strained arches, as well as inherent muscle and bone imbalances of the foot. They can provide relief for knee and back pain resulting from muscle imbalance of the foot. They increase shock absorption. They can help pediatric foot conditions.

Although orthotics are a benefit to the majority of patients who wear them, there is no guarantee that the orthotics will completely cure or help every individual, who wears them. There are different styles available for different street or athletic shoe gear. Our orthotics are customized and casted for each individual patient, therefore they are **not** returnable. Every effort will be made to adjust or change the orthotics by the doctor.

- A deposit of \$180.00 is required for fabrication of the orthotics from the doctor's office In the event of an overpayment you will be issued a refund check. Our office generates a refund report once a month. If we receive your explanation of benefits after our report is generated, your refund will be processed the following month. The Doctor will review and approve each refund; the check will be processed shortly thereafter.

**\*\*\*If your insurance company does not cover orthotics, please ask us about payment options\*\*\***

**Diagnosis: (Please check all that apply)**

Pronation:  Right (M21.6X1)  Left (M21.6x2)      Gait:  R26.0      Plantar Fasciitis:  M72.2  
 Achilles Bursitis:  Right (M76.61)  Left (M76.62)      Metatarsalgia:  Right (M77.41)  Left (M77.42)  
 Post Tibial Tendonitis:  Right (M76.821)  Left (M76.822)      Limb Length Discrepancy:  M21.70  
 Synovitis and Tenosynovitis:  M65.9      Neuritis:  M79.2      Neuroma:  Right (G57.61)  Left (G57.62)  
 Other: \_\_\_\_\_

**Questions for your insurance company...** please provide them with the following procedure codes and NPI #

**Procedure Code: L3000** - Foot, insert, removable, molded to patient model. **Procedure Code: S0395**- Casting

**(Provide our NPI# 1831385574 for Lisa M. Schoene DPM, PC to your insurance company)**

1. Are Orthotics covered when billed by Podiatrist? Y/N
2. Does the deductible apply? Y/N If yes, Deductible amount \$ \_\_\_\_\_ Amount met \$ \_\_\_\_\_
3. What is the co-insurance amount? \$ \_\_\_\_\_ Amount met \$ \_\_\_\_\_
4. Services are covered at what percent? \_\_\_\_\_%
5. Are Orthotics included in the maximum for Podiatry? Y/N
6. Is there a limit on the number of pairs that are covered per year? Y/N \_\_\_\_\_  
(Please note 2 units=1 pair of orthotics)
7. Are any of the following required?  Prior Authorization  Pre-Determination  Pre-Certification  
**\*\*\*If the answer is yes to #7, we will require insurance approval before we can place your order\*\*\***
8. Is there an exclusion under the policy that would restrict orthotic coverage? Y/N \_\_\_\_\_

**Name of Insurance Agent:** \_\_\_\_\_ **Reference#:** \_\_\_\_\_

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