

See page two for medical supply checklist

When submitting claims for foot orthotics or orthopedic shoes, **please submit the following information along with your completed claim form and your receipt for products paid in full:**

For custom foot orthotics

- **The fabrication form below** must be completed by a podiatrist, chiropodist, physiotherapist, chiropractor, pedorthist or registered orthotist.
- If your plan requires a physician’s written order, you will also need a copy of a **biomechanical assessment**.
 - ◊ *The physician’s written order must be supplied by a physician, podiatrist, chiropractor or physiotherapist.*
 - ◊ *The biomechanical assessment must be performed by a physician, podiatrist, chiropractor, physiotherapist, registered occupational therapist or registered orthotist.*

For orthopedic shoes

- **The fabrication form below** must be completed by a podiatrist, pedorthist or registered orthotist.
- If your plan requires a physician’s written order, you will need a copy of the original prescription from a physician, podiatrist or chiropractor outlining the related medical diagnosis.

<p>Please submit your claim and supporting documents to</p> <p>Alberta Blue Cross Health Services 10009 108 Street Edmonton, AB T5J 3C5</p>	<p>You can submit your claim and upload your supporting documentation online.</p> <p>Download the Alberta Blue Cross MyBenefits app or visit ab.bluecross.ca and click “Sign in” to get started.”</p> <p>Questions?</p> <p><i>If you have questions, please contact Customer Services at 780-498-8000 (Edmonton and area) or 1-800-661-6995 (toll free). If you’re a health service provider, please contact Health Provider Services at 780-498-8083 (Edmonton and area) or 1-800-588-1195 (toll free).</i></p>
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ORTHOTIC AND ORTHOPEDIC SHOE FABRICATION FORM









To be completed and signed by the dispensing and/or treating provider.

<p>I hereby certify that the orthopedic shoes/foot orthotics for _____ (patient’s name) were fabricated using a 3-D volumetric model of the patient’s foot and lower leg, is made of raw materials and is specifically designed for the patient.</p>		
Name of provider	Date	
Provider’s signature	Phone number	
Type of provider	Podiatrist <input type="checkbox"/>	Chiropodist <input type="checkbox"/>
	Chiropractor <input type="checkbox"/>	Physiotherapist <input type="checkbox"/>
	Pedorthist <input type="checkbox"/>	Orthotist <input type="checkbox"/>

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MEDICAL SUPPLIES CHECKLIST

	Custom foot orthotics	Orthopedic shoes	Surgical stockings
Before buying			
If your plan requires a physician's written order, you will need the original prescription outlining the related medical diagnosis		 Must be prescribed by a physician, podiatrist or chiropractor	 Must be prescribed by a physician
If your plan requires a physician's written order, you will also need a copy of a biomechanical assessment	 <ul style="list-style-type: none"> • Must be prescribed by a physician, podiatrist, chiropractor or physiotherapist • Biomechanical assessment must be completed by a physician, podiatrist, chiropractor, physiotherapist, registered occupational therapist or registered orthotist 		
When buying			
You must go to an authorized Alberta Blue Cross provider to purchase your custom foot orthotics, orthopedic footwear and surgical stockings	 Must be purchased from a podiatrist, chiropodist, physiotherapist, chiropractor, pedorthist or registered orthotist	 Must be purchased from a podiatrist, pedorthist or registered orthotist	 Must be purchased from a licensed medical supplier, and the pressure gradient must be included on the receipt (only pressure gradient of 30mmhg or more will be eligible)
You must have the provider complete a fabrication form for foot orthotics and orthopedic shoes	 Must be completed by a podiatrist, chiropodist, physiotherapist, chiropractor, pedorthist or registered orthotist	 Must be completed by a podiatrist, pedorthist or registered orthotist	
When submitting your claim, please include the following:			
<ul style="list-style-type: none"> • A completed claim form • An itemized receipt showing that payment was made in full • A copy of the written prescription (as required by your plan) and an outline of the medical diagnosis (for orthopedic shoes and surgical stockings) • A completed biomechanical assessment (for custom foot orthotics) • A completed fabrication form (for foot orthotics and orthopedic shoes) 			