

See page two for medical supply checklist

When submitting claims for custom foot orthotics and custom 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

- Your plan requires a **written order** from a physician or podiatrist or a **written recommendation** from a registered occupational therapist or physiotherapist.
- The **fabrication form** below must be completed by a podiatrist, chiropodist, pedorthist or orthotist, registered occupational therapist or physiotherapist.
- Your **biomechanical assessment** must be completed by a physician, podiatrist, registered occupational therapist or physiotherapist.

For custom orthopedic shoes

- Your plan requires a **written order** from a physician or podiatrist outlining the related medical diagnosis or a **written recommendation** from a registered occupational therapist or physiotherapist.
- The **fabrication form** below must be completed by a podiatrist, chiropodist, pedorthist or orthotist, registered occupational therapist or physiotherapist.

Please submit your claim and supporting documents to

Alberta Blue Cross, Health Services Provider Relations

10009 108 St Edmonton, AB T5J 3C5

Edmonton and area: 780-498-8083

Toll free: 1-800-588-1195

Email: healthinq@ab.bluecross.ca

Fax: 780-498-3546

Fax toll free: 1-855-498-3546

Questions?

If you have questions, please contact Customer Services at 780-498-8000 (Edmonton and area) or 1-800-661-6995 (toll free).

If you are a health service provider, please contact Health Provider Services at 780-498-8083 (Edmonton and area) or 1-800-588-1195 (toll free).

CUSTOM FOOT ORTHOTIC AND CUSTOM ORTHOPEDIC SHOE FABRICATION FORM

I hereby certify that the custom orthopedic shoes/foot orthotics for _____ (patient's name) were fabricated using a 3D volumetric model of the patient's foot and lower leg, is made of raw materials and is specifically designed for the patient. The general exclusion policy (section 1.2.4) continues to apply. The following items are excluded from the custom-made shoes and custom-made foot orthotics benefits and are not considered for coverage or appeal under the NIHB Program:

- foot products manufactured only from 2D with extrapolation laser or optical scanning, or computerized gait and pressure analysis systems;
- pre-fabricated foot orthotics and internal footwear devices; and
- off-the-shelf and orthopaedic or therapeutic footwear (such as a pair of shoes, running shoes, boots, summer sandals, etc.).

Name of provider	Date						
Provider's signature	Phone number						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Type of provider <input type="checkbox"/> Podiatrist</td> <td style="width: 33%;"><input type="checkbox"/> Chiropodist</td> <td style="width: 33%;"><input type="checkbox"/> Pedorthist</td> </tr> <tr> <td><input type="checkbox"/> Orthotist</td> <td><input type="checkbox"/> Occupational therapist</td> <td><input type="checkbox"/> Physiotherapist</td> </tr> </table>		Type of provider <input type="checkbox"/> Podiatrist	<input type="checkbox"/> Chiropodist	<input type="checkbox"/> Pedorthist	<input type="checkbox"/> Orthotist	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Physiotherapist
Type of provider <input type="checkbox"/> Podiatrist	<input type="checkbox"/> Chiropodist	<input type="checkbox"/> Pedorthist					
<input type="checkbox"/> Orthotist	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Physiotherapist					

MEDICAL SUPPLIES CHECKLIST

Custom
foot orthotics

Custom
orthopedic shoes

Before buying

Your plan requires **a written order** from a physician or podiatrist outlining the related medical diagnosis or **a written recommendation** from a registered occupational therapist or physiotherapist.



Your plan requires **a written order** from a physician or podiatrist or **a written recommendation** from a registered occupational therapist or physiotherapist. You will also need a copy of a **biomechanical assessment** completed by a physician, podiatrist, registered occupational therapist or physiotherapist.



When buying

You must go to an authorized Alberta Blue Cross provider to purchase your custom foot orthotics or custom orthopedic shoes. Authorized providers include podiatrists, chiropractors, pedorthists or orthotists.



You must have the provider complete a fabrication form for custom foot orthotics and custom orthopedic shoes. Authorized providers include podiatrists, chiropractors, pedorthists or orthotists.



When submitting your claim, please include the following:

- a completed claim form;
- an itemized receipt showing that payment was made in full;
- a copy of the written order (**as required by your plan**) and an outline of the medical diagnosis (**for custom orthopedic shoes**);
- a completed biomechanical assessment (**for custom foot orthotics**); and
- a completed fabrication form (**for custom foot orthotics and custom orthopedic shoes**).