



American Limb & Orthopedic Co. of Valparaiso

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Please be advised that due to Medicare & Medicaid regulations we are asking that you inform us if you have received an orthotic device within the last five years. Medicare believes that the life span of an orthotic device should be five years and will not pay for the same type of device within that time span without an explanation of mitigating factors.

Please sign at the bottom and indicate whether this applies to you or not. If you answer yes please continue and answer the following questions.

Thank you for your cooperation.

Signature	Yes	No	

IF YOU ANSWERED YES TO THE ABOVE QUESTION:

1. How old is your current orthotic device? _____
2. On which side of the body are you wearing your current device? R L
3. Is your current brace being replaced due to a change in your physical condition? **Yes** **No**
4. Does the brace need to be replaced because it is broken? **Yes** **No**
5. Is your prescription for a different type of brace or for the opposite side of your body? **Yes** **No**