



5311 Patterson Avenue, Suite 110, Richmond, VA 23226
** Chester ** Colonial Heights ** Kilmarnock ** East End **
Phone: 804.285.1523 ~ Fax: 804.285.0613
www.thefootcenter.org ~ doctors@thefootcenter.org

Dear Medicare Patient,

The Foot Center, Inc. would like to take this opportunity to explain Medicare's rules and regulations for covered and non-covered foot care.

The Foot Center, Inc. participates with Medicare and the proper contractual adjustments will be made for services paid. However, the patient is responsible for twenty percent (20%) of all charges, routine foot care, and/or their yearly deductible, unless a secondary insurance will cover.

Routine foot care is billed directly to the patient. This is per Medicare's request. We will be glad to print you a claim (upon your request) for your records.

Medicare considers the cutting of mycotic nails, trimming of nails, and removal of corns, calluses as routine foot care. Medicare Part "B" does not cover these services under normal conditions.

Under certain medical conditions, Medicare may pay the above routine foot care procedures. For Medicare to consider the charges payable, the claims must include an underlying condition that may require professional foot care as well as the name of the physician treating that condition and the last office visit with that physician.

The following is a list of the most common diagnosis that may require professional foot care:

Congestive heart failure	peripheral vascular disease	ischemia
Diabetes	poor circulation	traumatic injury

It is important that you inform the physicians at The Foot Center, Inc. of your health complications and the physician (s) treating them.

Please keep in mind that if you do not meet the specified conditions set by Medicare, you will be responsible for your visit.

If you would like further information, please call our billing department at 1-800-256-4004, or contact Medicare directly.

Please sign and return this form to the front desk. This will be kept with your medical records at The Foot Center.

Sincerely,
THE FOOT CENTER, INC.

Patient's Signature _____ Date: _____