

Custom Orthopedic Shoe Claiming Checklist

Ensure you provide the following when submitting a claim for orthopedic shoes:

- A completed Blue Cross claim form.
- An original receipt indicating that payment has been made in full. (A copy of the receipt is acceptable if the primary carrier's explanation of benefits is attached.)
- A copy of the current prescription outlining the medical diagnosis from a physician, podiatrist, chiropractor or nurse practitioner.
- Written confirmation from the person who made the product indicating that the shoes were manufactured from raw material, using a 3-D volumetric model of the patient's foot and lower leg, made of raw materials and were specifically designed for the individual.

If this information is not included on your receipt, your provider can use the form below.

This will help us accurately adjudicate your claim and provide timely reimbursement.

Note — The purchase of orthopedic shoes are only eligible when medically required as a result of post-traumatic or congenital medical conditions. Sandals are not eligible.

To determine if your extended health care plan covers orthopedic shoes log onto your Member Profile at pac.bluecross.ca. Claims and supporting documentation should be submitted directly to: Pacific Blue Cross, PO Box 7000, Vancouver BC V6B 4E1.



CUSTOM ORTHOPEDIC SHOE FABRICATION FORM

To be completed and signed by **the person who made the product**.

Please detach and submit with your claim if no other written confirmation is provided.

I hereby certify that the orthopedic shoes for _____ (patient's name) were fabricated using a 3-D volumetric model of the patient's foot and lower leg, made of raw materials and specifically designed for the individual.

MEMBER INFORMATION

Member's policy number

Member's ID/Status number

PROVIDER INFORMATION

Provider's name

Provider's phone number (10 digits)

Provider's signature

X

Date (mm-dd-yyyy)