

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 orthotist.
- If your plan requires a physician’s written order, you will also need a copy of a **biomechanical assessment**. Both the physician’s written order and biomechanical assessment must be completed by a physician, podiatrist, chiropractor or physiotherapist.

For orthopedic shoes

- **The fabrication form below** must be completed by a podiatrist, pedorthist or 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.

Please submit your claim and supporting documents to

Alberta Blue Cross
Health Services
10009 108 Street
Edmonton, AB T5J 3C5

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









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 shoe(s)/foot orthotic(s) 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	
<p>Type of provider</p> <p style="text-align: center;"> Podiatrist <input type="checkbox"/> Chiropodist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Pedorthist <input type="checkbox"/> Orthotist <input type="checkbox"/> </p>		



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	 Must be completed by a physician, podiatrist, chiropractor or physiotherapist		
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 orthotist	 Must be purchased from a podiatrist, pedorthist or 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 orthotist	 Must be completed by a podiatrist, pedorthist or 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) 			