ORTHOTIC & PROSTHETIC DESIGN

MEDICARE QUESTIONS

Today's Date: _____

1. The beneficiary's correct Medicare ID#_____

2. Do you have any insurances through an employer (either self or spouse)?

   ❑ Yes ❑ No If yes; Ins. Name _____

   ID#_____

3. Are you enrolled in an HMO or a Medicare Replacement Plan?

   ❑ Yes ❑ No If yes; Ins. Name _____

   ID#_____

4. Are you a diabetic? ❑ Yes ❑ No

   If yes, are you insulin dependent? ❑ Yes ❑ No

5. What are you being seen for today? _____

   _____

6. If you are being measured or evaluated for a new device, have you received a similar device any time in the past?

   ❑ Yes ❑ No

   If yes; When did you receive the item? _____

   What type of device did you receive? _____

   Has the item been returned? ❑ Yes ❑ No

_____
Print Patients Name

X:_____ _____
Patients Signature Date