



Hill Country Orthotics and Prosthetics

4242 Medical Dr, Bldg 2, Suite 2100
San Antonio, TX 78229-5641

Tel: (210) 614-8777
Fax: (210) 694-4581

Statement of Certifying Physician

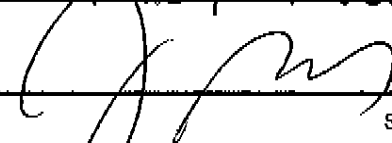
Patient Information		
Patient Name (Last, First, MI) Marron Manica	Patient ID	Patient DOB 11/5/58
Device Type Diabetic Shoes	Diagnosis Code(s) E11.42, C84, E851	Visit Date 5/19/23
HIC Number		

The physician listed below certifies that all of the following statements are true:
(Physician must be an MD or DO)

1. This patient has diabetes mellitus.
2. This patient has the following conditions (please check all that apply):
 - History of partial or complete amputation of the foot
 - History of previous foot ulceration
 - History of pre-ulcerative callus
 - Peripheral neuropathy with evidence of callus formation
 - Foot deformity
 - Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.
5. I have seen this patient for diabetes management within the last 6 months. I understand that the shoes must be delivered within 3 months of the signature date on this form AND within 6 months of the last in-person physician visit.

Physician Name Dr. Javier A. Saenz MD	Physician NPI 170781452
Physician Address 1000 E. Exp 83 Suite 400 La Joya TX 78560	

The above procedures and any repair and/or parts to maintain proper fit and function are appropriate for this patient, and are deemed medically necessary.


Signature

6/28/23
Date

Dr. Javier A. Saenz MD
Print Name