



## Orthotic Documentation Requirements AFOs, KAFOs, LSOs, TLSOs

RE:

DOB:

DOS:

## Insurances requires in the DOCTOR'S CLINICAL NOTES that it states the following:

- What type of orthosis the patient needs (AFO, KAFO, LSO, TLSO)
- Why they need it (for drop foot, instability, etc.)
- How it will help with their daily activities (maintain their home, be able to drive, also safety issues if patient is a fall risk etc.)
- Length of time the patient will need the orthosis (lifetime, 6 months, 9 months)
- Clinicals need to be electronically sign or physically signed by the physician.
- Please AMEND current clinical notes if this documentation is not stated.

## This documentation is **REQUIRED** for the insurance to cover the cost of any and all orthotics for the patient. Otherwise it will become the patient responsibility.

We appreciate your help in this matter.

1807 W. Perkins Ave. Sandusky, OH 44870 419.625.5373 Fax: 419.625.5377 28350 Lorain Rd. North Olmsted, OH 44070 440.979.9226 Fax: 440.979.9326 723 Phillips Ave., Bldg. F Toledo, OH 43612 419.476.4248 Fax: 419.476.6655