

# FOOT COMFORT CENTER

<b>NORTHEAST PHILA.</b> 9808 Bustleton Avenue Philadelphia, Pa 19115 215-676-7463	<b>FRANKFORD</b> 4733 Frankford Avenue Philadelphia, Pa 19124 215-744-7463	<b>BROAD &amp; OLNEY</b> 1335 W. Tabor Road, Ste. 107 Philadelphia, Pa 19141 215-548-7463	<b>SOUTH PHILA.</b> 1937 E. Passyunk Avenue Philadelphia, Pa 19148 215-334-7463
<b>GALLERY</b> 1001 Market Street Philadelphia, Pa 19107 215-733-9902	<b>WARRINGTON</b> 1380 Easton Road Warrington, PA 18976 215-491-7467	<b>SOUTHWEST PHILA.</b> 6113 Woodland Avenue Philadelphia, Pa 19142 215-724-7464	<b>NORTH PHILA.</b> 2917 N. 5 <sup>th</sup> Street Philadelphia, Pa 19133 215-739-7463

**Company Name** FOOT COMFORT CENTER  
**Address** 9808 Bustleton Avenue  
**City, State, ZIP** Philadelphia, PA 19115  
**Phone** (215) 676-7463  
**Fax** (215) 676-1110

**Patient Information:**  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**MDCR#:** \_\_\_\_\_

**ATTENDING PHYSICIAN'S INSTRUCTIONS**

- Please review STATEMENT 1; please provide appropriate answers for STATEMENTS 2 & 3
- Please SIGN & DATE (ORIGINALS ONLY) and provide the requested information.
- Fax this complete form to the above fax number.

Statement of Certifying Physician & Prescription for: **HOT WATER THERAPY PUMP (E0217)**

1. The **HOT WATER THERAPY PUMP (HWTP)** provides safe and therapeutic benefits not achieved solely through use of a standard electric heating pad. Standard electric heating pads deliver temperatures higher than 120 degrees F, which if administered for as little as 12 minutes, can inflict second degree burns on patients. The HWTP provides lower heat over longer periods of time which is safe and therapeutic. Additionally, the HWTP combines lower heat with fluid movement, a feature that magnifies the beneficial and therapeutic effects of the device.

2. Please provide an appropriate **DIAGNOSIS (INDICATE ALL THAT APPLY):**

- (714.0) Rheumatoid arthritis
- (714.89) Other specified inflammatory polyarthropies
- (715.90) Osteoarthritis, NOS, unspecified
- (716.90) Arthropathy, unspecified
- (721.3) Cervical spondylosis without myelopathy
- (721.90) Spondylosis
- (722.52) Degeneration of thoracic or lumbar intervertebral disc
- (724.20) Lumbago, low back pain
- (724.3) Sciatica
- (719.47) Pain of joint, ankle and foot
- (728.85) Muscle spasm
- (782.3) Edema
- Other: \_\_\_\_\_ ICD-10: \_\_\_\_\_

3. Please provide the **ESTIMATED LENGTH & FREQUENCY OF NEED:**

Number of Months: \_\_\_\_\_ Hours/Session: \_\_\_\_\_ Sessions/Day: \_\_\_\_\_

The patient is under a comprehensive plan of care for their condition(s). The above equipment is medically necessary because of their condition(s).

\*\*\*ATTENDING PHYSICIAN SIGNATURE ONLY – NO RESIDENT OR NURE PRACTITIONERS \*\*\*

**Physician Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Physician Name (printed):** \_\_\_\_\_

**Physician NPI:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_