



Delivery Receipt and Authorization For Payment

Patient Name: _____ Date: _____

I have received _____ individual Anodyne (style: _____) "extra-depth" shoes and (choose one of the options below):

- _____ individual Anodyne Custom Accommodative Inserts (PDAC A5514 reviewed). The inserts were made from a scan/impression foam/scan of my feet in order to obtain full contact per my medical condition(s).
- _____ individual Anodyne Tri Lam Heat Moldable Inserts (PDAC A5512 reviewed). The inserts were heat-molded to my feet to obtain full contact per my medical condition(s).

I am satisfied with the fit and authorize Medicare and my supplemental insurance carrier to pay _____ directly. I understand that Medicare pays for up to 2 individual shoes and 6 individual inserts per calendar year (1 pair of shoes and 3 pairs of inserts). I also understand that I am responsible for any deductible and unpaid balance that Medicare or my co-insurance does not cover. I have not received any other shoes or inserts under this plan from any other supplier in this calendar year.

Patients Warranty Statement

Anodyne unconditionally accepts returns of any undamaged Anodyne shoes within 30 days of the shoes being shipped. If the supplier notes that a pair of shoes does not properly fit within the 30 days of the shoes being dispensed, Anodyne will exchange them at no charge for an appropriately sized pair of shoes that properly fit. After the 30 day return period, Anodyne shoes returned in as purchased condition or will be exchanged for credit at the sole discretion of Anodyne. All shoes that are returned must be in their original packaging in order for Buyer to receive a credit.

DMEPOS Supplier Standards – Break In Procedure – Shoe Care Instructions

The office staff has disclosed the CMS Medicare DMEPOS Supplier Standards to me and educated me on the proper break in procedure and care instructions for my Anodyne shoes.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____