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# American Limb & Orthopedic Co. of Valparaiso

201 E Morthland Drive Suite 2  
Valparaiso, Indiana 46383  
Phone: (219) 531-7479 Fax: (219) 531-0465  
www.americanlimbvalparaiso.com

Please be advised that due to Medicare & Medicaid regulations we are asking that you inform us if you have received an orthotic device within the last five years. Medicare believes that the life span of an orthotic device should be five years and will not pay for the same type of device within that time span without an explanation of mitigating factors.

Please sign at the bottom and indicate whether this applies to you or not. If you answer yes please continue and answer the following questions.

Thank you for your cooperation.

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**Signature**

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**Yes**

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**No**

**IF YOU ANSWERED YES TO THE ABOVE QUESTION:**

1. How old is your current orthotic device? \_\_\_\_\_
2. On which side of the body are you wearing your current device? R L
3. Is your current brace being replaced due to a change in your physical condition? **Yes No**
4. Does the brace need to be replaced because it is broken? **Yes No**
5. Is your prescription for a different type of brace or for the opposite side of your body? **Yes No**