

Movement Chiropractic

Estimate for Predetermination of coverage for: Therapeutic Gradient Compression Hosiery (Elastic Support Stockings)

Today's Date: _____

Estimate Date: _____

Re: _____

Prescription – The following ankle, knee and leg conditions and symptoms require the use of prescription gradient compression hosiery:

- | | | |
|-----------------------|------------------|--|
| _____ Varicose Veins | _____ Lymphedema | _____ Chronic Venous Insufficiency (CVI) |
| _____ Pregnancy | _____ Edema | _____ Swollen feet, ankles or legs |
| _____ Frequent Flying | _____ Overweight | _____ Standing or Sitting for long hours |
| _____ Other: | | |

Gradient compression hosiery was recommended and prescribed to treat and manage the above patient's conditions and symptoms. It is medically necessary to improve venous and lymphatic blood circulation, and will have to be worn on a day to day basis for an indefinite period of time.

The patient's specific prescription requirements are:

- _____ 15-20 mm Hg Mild support socks/stockings
- _____ 20-30 mm Hg Moderate support socks/stockings
- _____ 30-40 mm Hg Firm support socks/stockings

Model number of Hosiery: _____

Number of pairs required: _____

Our cost estimate for this patient's compression hosiery is:

TOTAL FEE ESTIMATE: \$ _____