



EST.
2015



SHOE
MFG

ANODYNE

PREMIUM QUALITY

SUBMITTING COMPLIANCE PAPERWORK



SUBMITTING PRE-DISPENSING NOTES



For those that are a part of our **Documentation Procurement Program**, you now have the ability to upload the **Pre-Dispensing Notes** directly from your desktop computer. To do so, follow the steps below:

1. Access the mobile website at <https://anodyneshoes.taikacreate.com/>

2. Make sure you have submitted your shoe and insert for the patient you are creating Pre-Dispensing docs for.

3. Click the “Compliance” button.

Jonatha ANO469106 5050 BK MCI : MCI-XW-090, M050 : M050-40-X-090 No. 3 Custom Accommodative Inserts-Men | QTY: 3 Milwaukee-5050 - S 2ND STREET, 5050 - S 2ND STREET, - None -, Milwaukee, WI, 53207, Anodyne, Released **Compliance** Rev

4. In the Compliance section, select the “Pre-Dispensing” button on the top left of the screen.

PRE-DISPENSING DISPENSING

Provider

First Name Last Name

5. Next, complete all the fields in the “Podiatrist” section.

Podiatrist

First Name Last Name
John Davis
N.P.I. Phone Number
6784206968 2622415678
Fax Number Address
2628895567 123 Navajo St Milwaukee, WI 53208

6. Complete the “Primary Care” section.

Primary Care

First Name Last Name
Nate Radoszewski
N.P.I. Address
7654332111 227 S 2nd Street Mequon, WI 53092
Fax Number
4143356978



8. Complete the entirety of the “Patient Evaluation” section, (steps a-g).

a. First complete the Patient Concerns and History section.

Patient Evaluation

Patient concerns and history

Ulceration of left foot, severe edema

Does the patient have Diabetes?

Does the patient have Medicare as their primary insurance?

Patient has NOT received shoes under the Medicare Therapeutic Shoe Program this calendar year

b. Next, complete the Left / Right Foot Toggles by selecting the corresponding conditions the feet diagrams.

Left / Right Toggles

Amputation L R

Bunions L R

Callus L R

Hammer Toes L R

Redness L R

Swelling L R

Would/Ulcer L R

c. Then, update the Normal/Abnormal Toggles based on the Doctor’s evaluation.

Normal/Abnormal Toggles

| | | |
|---|--|--|
| <p>Cognitive Awareness</p> <p>Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/></p> | <p>Fat Pads</p> <p>Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/></p> | <p>Foot Color</p> <p>Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/></p> |
| <p>Range Of Motion</p> <p>Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/></p> | <p>Skin Temperature</p> <p>Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/></p> | <p>Skin Integrity</p> <p>Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/></p> |



- d. Select the applicable toggles in the **Patient History** based on their conditions.

Patient History

History of partial or complete amputation of the foot

History of pre-ulceration callus

Foot deformity

History of previous foot ulceration

Peripheral neuropathy with evidence of callus formation

Foot circulation

- e. Review the **Prescription Details** to make sure it matches with the items you ordered.

Prescription Details

Style
M050

Color Code
40

Size
9

Width
XW

Foot Model

Shoe Qty (Pairs)

1

Insert Qty (Pairs)

3

Insert Type Description

No. 3 Custom Accommodative Inserts

- f. Complete the toggles in the **Therapeutic Objective** section.

Therapeutic Objective

Prevent ulceration and other pedal complications

Distribute weight, balance and plantar pressure



- g. Finally, review and update the **Foot Measurements**. Please note these will autofill with the size and width you selected on the patient's original shoe order.

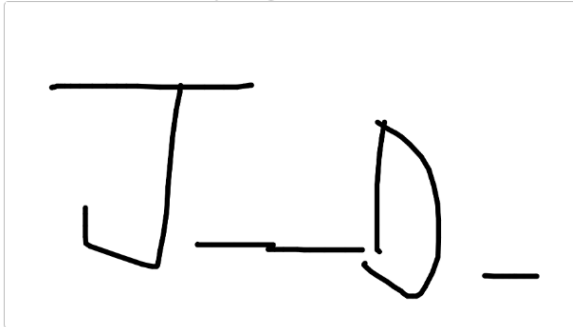
Foot measurements

| | | | |
|-------------------------------|---------------------------------|--------------------------------|---------------------------------|
| Was: Heel to Toe (Left) 9 | <input type="text" value="9"/> | Was: Heel to Toe (Right) 9 | <input type="text" value="9"/> |
| Was: Heel to Ball (Left) 9 | <input type="text" value="9"/> | Was: Heel to Ball (Right) 9 | <input type="text" value="9"/> |
| Was: Width (Left) XW | <input type="text" value="XW"/> | Was: Width (Right) XW | <input type="text" value="XW"/> |

9. Now that the Patient Evaluation sections have been completed, have the provider electronically **sign and date**.

Provider Signature

Click the box below to edit your signature



Signature Date

10. Now that everything is completed, click **“Submit.”**

Signature Date

11. Now that the Pre-Dispensing notes have been successfully submitted, our Documentation Procurement team will begin outreach to the PCP. You can track the progress for these patients on your individual Patient Trackers and Shared Drives.

SUBMITTING DISPENSING NOTES



For those that are a part of our **Documentation Procurement Program**, you now have the ability to upload the **Dispensing Notes** directly from your desktop computer. To do so, follow the steps below:

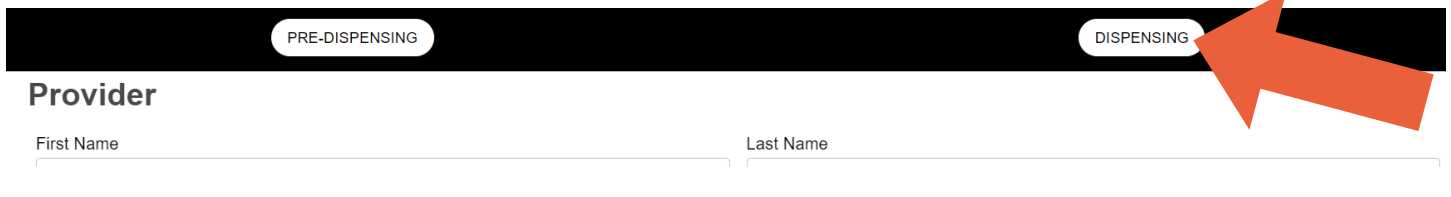
1. Access the mobile website at <https://anodyneshoes.taikacreate.com/>

2. Make sure you have submitted your shoe and insert for the patient you are creating Dispensing docs for.

3. Click the “Compliance” button.



4. In the Compliance section, select the “Dispensing” button on the top right of the screen.

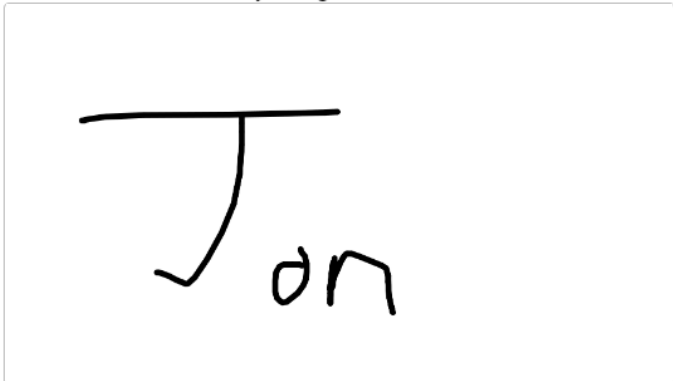


5. Have the Patient digitally sign and date in the “Patient Signature” section.

Patient Signature

I certify that I have received the item(s) marked below in good condition and authorize the Supplier to bill Medicare. The Fitter has explained, in detail, how to appropriately break-in and care for these shoes and inserts and has ensured that they fit properly. I was also instructed to call the office if I have questions, comments, or concerns moving forward. I have received a copy of the Medicare DMEPOS Supplier Standards.

Click the box below to edit your signature



Signature Date





6. Next, if there is a witness assisting with the dispensing, please have them sign and print their name. (Note that this is not a required field).

Witness Signature

Click the box below to begin your signature

Witness Name

-
7. Add in dispensing notes certifying patient was able to ambulate without issue.

Patient Ambulation notes Description for the notes Patient ambulated without issue and the shoes accommodate...

Patient was able to move around uninhibited and shoes were able

-
8. Next, have the Shoe Fitter sign and print their name.

Shoe Fitter Signature

Click the box below to edit your signature



Shoe Fitter Name

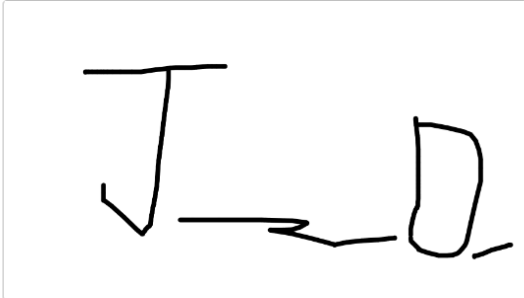
Billy Kanter



9. Finally, have the Provider sign and date.

Provider Signature

Click the box below to edit your signature



Signature Date

04/16/2024



10. Now that everything is completed, click "Submit."

Signature Date

04/16/2024



SUBMIT

SAVE

11. Once the Dispensing Note is submitted, our Documentation Procurement team will download the note and add it to the patient shared folder.