

When submitting claims for foot orthotics or orthopedic shoes, **please submit the following information along with your completed claim form and your receipt for products paid in full:**

For custom foot orthotics

- **The fabrication form below** must be completed by a podiatrist, chiroprapist, pedorthist or orthotist.
- Your plan requires **a written order from a recognized healthcare professional**. You will also need a copy of a **biomechanical assessment**. Both the physician's written order and biomechanical assessment must be completed by a physician or podiatrist.

For orthopedic shoes

- **The fabrication form below** must be completed by a podiatrist, chiroprapist, pedorthist or orthotist.
- Your plan requires **a written order from a recognized healthcare professional**. You will also need a copy of the **original prescription** from a physician or podiatrist outlining the related medical diagnosis.

Please submit your claim and supporting documents to

Alberta Blue Cross, Health Services Provider Relations
 10009 108 St Edmonton, AB T5J 3C5
 Edmonton and area: 780-498-8083
 Toll free: 1-800-588-1195

Email: healthinq@ab.bluecross.ca
 Fax: 780-498-3546
 Fax toll free: 1-855-498-3546

Questions?

If you have questions, please contact Customer Services at 780-498-8000 (Edmonton and area) or 1-800-661-6995 (toll free).







If you are a health service provider, please contact Health Provider Services at 780-498-8083 (Edmonton and area) or 1-800-588-1195 (toll free).

ORTHOTIC AND ORTHOPEDIC SHOE FABRICATION FORM

To be completed and signed by the dispensing or treating provider.

I hereby certify that the orthopedic shoes/foot orthotics for _____ (patient's name) were fabricated using a 3D volumetric model of the patient's foot and lower leg, is made of raw materials and is specifically designed for the patient.	
Name of provider	Date
Provider's signature	Phone number
Type of provider <div style="display: flex; justify-content: space-around;"> Chiroprapist <input type="checkbox"/> Podiatrist <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Pedorthist <input type="checkbox"/> Orthotist <input type="checkbox"/> </div>	

MEDICAL SUPPLIES CHECKLIST

	Custom foot orthotics	Orthopedic shoes
Before buying		
Your plan requires a written order from a recognized healthcare professional. You will need the original prescription outlining the related medical diagnosis.		 Must be prescribed by a physician or podiatrist
Your plan requires a written order from a recognized healthcare professional. You will also need a copy of a biomechanical assessment.	 Must be completed by a physician or podiatrist	
When buying		
You must go to an authorized Alberta Blue Cross provider to purchase your custom foot orthotics or orthopedic footwear.	 Must be purchased from a podiatrist, chiropodist, pedorthist or orthotist	 Must be purchased from a podiatrist, chiropodist, pedorthist or orthotist
You must have the provider complete a fabrication form for foot orthotics and orthopedic shoes.	 Must be completed by a podiatrist, chiropodist, pedorthist or orthotist	 Must be completed by a podiatrist, chiropodist, pedorthist or orthotist
When submitting your claim, please include the following:		
<ul style="list-style-type: none"> • a completed claim form; • an itemized receipt showing that payment was made in full; • a copy of the written prescription (as required by your plan) and an outline of the medical diagnosis (for orthopedic shoes); • a completed biomechanical assessment (for custom foot orthotics); and • a completed fabrication form (for foot orthotics and orthopedic shoes). 		