

Movement Chiropractic

Therapeutic Gradient Compression Hosiery (Elastic Support Stockings)

Insurance Claim Form

Patient Information

First Name: _____ Last Name: _____

Practitioner Name: _____ Date: _____

The following symptoms and/or ankle, knee and leg conditions require the use of prescription therapeutic gradient compression hosiery (elastic support 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 is recommended and prescribed for this patient 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: \$ _____