

Prescriber/Therapist

Care Crafters Prosthetics & Orthotics, Inc. is here to help restore your patients' mobility. To begin the process, call Thaddeus E. (Ted) Drygas, CPO, FAAOP to discuss the case (cell: 845-222-4215).

Our office requires the following:

- 1) The patient **must** have an encounter with their physician and the need for the device **must** be documented in the physician's **notes** (drop foot, low arches and foot pain, amputation, gait deviations, etc.). The physician must provide a cursory prescription that states: Evaluate and fit with [leg braces (AFO, KAFO), prosthesis, custom orthotics, etc.].

There are three forms for your patients to complete, sign and either fax or mail (information below) to us along with expanded copies of their ID and insurance cards (both front and back).

- 1) Care Crafters Patient Information Form
- 2) Patient Consent for Use and Disclosure Form (HIPAA)
- 3) Records Release Form
- 4) Expanded Copies of ID and Insurance Cards (both front and back)

In the past few years, the number of different health insurance programs have increased at an amazing rate. Even within one company, there may be several programs with varying benefits and requirements. Some programs require pre-authorization, some require referrals, and some may pay only a percentage of our charges, even in network.

Once we have the completed forms and prescription, we will call your patient's insurance company to understand their P&O benefits and then we can schedule an appointment. At that time, we will evaluate your patient and provide examples of devices and/or trial devices for them. Please call 845-426-6900 with any questions.

"At Care Crafters we personalize the patient experience with dedication and quality craftsmanship."