

# Wellness Assistance Program, Foot Care Prior Approval Form

---

Please complete this form, along with a date and signature and forward to the attention of:  
Joanne Pine, Community Health Representative  
**by mail:** Curve Lake Health Centre, Curve Lake ON KOL 1R0  
**by fax:** (705) 657-3067  
**by email:** jpine@curvelakehealthcentre.com

---

## CLIENT CONTACT INFORMATION

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address (optional):** \_\_\_\_\_

**Status Number:** \_\_\_\_\_

---

Are you Diabetic? (only applicable to Ontario residents) YES or NO

Are you eligible for foot care coverage under third party insurance?  
(ie; work insurance, disability etcetera) YES or NO

Have you ever received foot care by a chiropodist? YES or NO  
If, YES, when was your last appointment?

\_\_\_\_\_  
Month Year

By signing this form, the client agrees that the information provided is correct and will only be reimbursed (according to the schedule of fees) once original receipts are provided to the CHR. The client is also responsible for paying any costs that are above the schedule of fees listed below. Should third party insurance become available or made known to cover foot care service, the client will no longer be eligible to receive reimbursement for foot care services. Should the client become diagnosed with Diabetes after signing this form, the client (Ontario only) will no longer be eligible for foot care services as this is an eligible benefit for reimbursement under the Southern Aboriginal Diabetes Initiative (SOADI) program. Reimbursement will not be provided for missed appointments and/or cancellation fees. Should it be made known that the client is not attending their scheduled appointment, the client may become ineligible for preapproved reimbursement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

---

### OFFICE USE ONLY: To be completed by Community Health Representative

The above mentioned client has been approved to be reimbursed for the following:

- Chiropodist Assessment (up to \$75.00) YES or NO
- \_\_\_\_\_ sessions (up to \$44.00 per hour session) YES or NO

The above mentioned client has been denied for the following reason \_\_\_\_\_