



HealthFirst beneficiary – APOS acknowledgement updated 5/24/23

NAME: _____ **APOS ID:** _____ **DOS:** _____

- I was thoroughly evaluated, fitted for, and have had the APOS shoes calibrated specifically for me and my issues by the ProHealth provider
- I have back (6 months or more) and/or knee pain, that has not been adequately resolved by conservative measures *for example*; activity modification (avoiding steps, or now holding on, not running, not lifting or bending), OR exercise, Yoga, acupuncture, medication, creams, therapy, balance work, weight loss efforts, anti-inflammatories
- The pain impacts my daily life and the things I can do and how I do them
- The ProHealth provider assessed my balance and how I walk
- I have received the instructions, understand them, and will follow as directed
- I have received the precautions and contraindications and will follow them
- I understand that my doctor will need to sign a prescription if not already received by ProHealth. ProHealth will continue to reach out to your doctor
- HealthFirst stopped accepting authorization requests for APOS therapy on 3/1/23. HealthFirst emailed ProHealth, stating that all submissions prior to 3/1/23, even with ultimate dates of service post, would be honored. However, ProHealth is currently experiencing credentialing issues with HF. This seems to effect patients with and without authorization, approval, prescriptions and more. ProHealth will continue to make every effort to resolve these issues, and if and when this is appropriately resolved, we will facilitate that the shoes ship from APOS for you to pick up
- I understand, that unless and until the credentialing issue is appropriately resolved, I will not get my APOS shoes. My visit is to make sure I am a good APOS candidate, for assessment, proper fitting and APOS calibration
- I understand, that if not adequately resolved, I will not be billed by ProHealth
- I understand that the shoes will be mailed from the APOS warehouse*
 - *Pending full ProHealth approval AND authorization if not yet received
 - *Pending appropriate resolution to credentialing and coverage issues noted
- I understand that once delivered, I will return to get my shoes, try on, and begin
- I understand that I am required to participate in 4-5 follow up (FU) appointments
 - I understand that I need to come to the clinic for my FU appointments
- I understand that my provider/office will call me to schedule my FU appointments
 - If my number changes, I will advise the clinic of the new number
- For any issues with my APOS shoes, it is my responsibility to call the office immediately at 212.600.4781

PATIENT NAME: _____ PROVIDER: _____

SIGNATURE: _____ SIGNATURE: _____

OTHER: _____ SUPERVISING PROVIDER: _____

DATE: ____/____/____ DATE: ____/____/____

FOR OFFICE USE ONLY:

Administrative staff: _____ Adm signature: _____