

Medicare requires that **at least one** of the following criteria be met before they will pay for your procedure.

Have you had:

1. Persistent symptoms interfering with activities of daily living in spite of conservative non-surgical management? Symptoms include **any** of the following: aching or cramping or burning or itching and/or swelling during activity or after prolonged standing.

		<u>Circle one</u>	
Right Leg	Yes	No	
Left Leg	Yes	No	

OR

2. Significant recurrent attacks of superficial phlebitis (blood clots)?

Right Leg	Yes	No	
Left Leg	Yes	No	

OR

3. Recurrent hemorrhage from a ruptured varix (bleeding from veins) or bleeding requiring a blood transfusion?

Right Leg	Yes	No	
Left Leg	Yes	No	

OR

4. Skin ulceration or sore?

Right Leg	Yes	No	
Left Leg	Yes	No	

Your private insurance also requires that **ALL** of the following have been tried for at least **3 months** before they will pay for your operation.

Have you tried:

1. Mild Exercise

Yes	No
_____	_____

AND

2. Avoidance of prolonged immobility

_____	_____
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AND

3. Compressive stocking (at least 30mm of Mercury)

_____	_____
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AND

4. Periodic Elevation of legs

_____	_____
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Print Name

Signature

Date