

Dear Healthcare Provider,

Your patient has expressed interest in the ELITONE® device. We have provided this information to support a conversation regarding this new treatment option. Additional product information is available at elitone.com

ELITONE®

The ELITONE® device is an innovative, painless, and proven treatment for female stress urinary incontinence. Worn externally, it stimulates pelvic floor muscles — to stop embarrassing leaks.

How it Works – The thin GelPad is worn externally and applied to your pelvic region. With gentle stimulation, ELITONE contracts and relaxes the pelvic floor muscles during 20-minute sessions; essentially doing the Kegel exercises for you — longer and stronger than you could on your own. **Use 4 times per week and see results in as few as 6 weeks.** It's comfortable, discreet and easy to wear. Once you experience the results, ELITONE will become an essential part of your self-care routine.

Clinically Proven Effective – In a recent clinical study, 95% of women achieved a reduction in the number of leaks per day, with an average reduction of 71% after only 6 weeks of use. Women achieved clinically significant improvements in quality of life scores and pad usage. Visit elitone.com/clinicians for additional information.

Recommended by Gynecologists – In a survey at the American College of Obstetricians and Gynecologists annual meeting, 9/10 gynecologists said they would prescribe ELITONE. The device won the “New Product of the Year” award at the 2019 My Face My Body event.

ELITONE is Ideal for:

- Busy moms
- Working women
- Postpartum care
- Aversion to vaginal devices
- Limited access to physical therapist
- Performs Kegels incorrectly

Prescribing and Insurance

ELITONE is FDA cleared and may be purchased online at elitone.com. A prescription is not required to purchase; however, a prescription may help with obtaining insurance reimbursement. The product is classified under the HCPCS code E0740 (Non-Implanted Pelvic Floor Electrical Stimulator). Coverage varies by provider. Typically, patients must have undergone and failed a 4-week documented trial of pelvic muscle exercise training (i.e. Kegels) to obtain coverage. A Detailed Written Order form is provided as an attachment. HSA and FSA accounts may be used to cover the expense. Please contact Elidah at customer care@elitone.com or 978-435-4324 with questions.



Next Steps

1. Determine if ELITONE is right for you
2. [Optional] Determine if your insurer covers ELITONE
3. Visit elitone.com/order to order
4. ELITONE will be shipped directly to you
5. Begin treatment
6. Follow-up with your physician as necessary



APPLY the GelPad against your skin like a pantyliner and put your clothes back on.



ADJUST the stimulation level to provide a comfortable muscle contraction



WEAR it 20 minutes a day to get 100 pelvic floor contractions.

Detailed Written Order

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
Address: _____ Phone #: _____

Insurance Company: _____ Group #/ID#: _____
Insured Name: _____ Insurance Phone #: _____

Secondary Insurance: _____ Group #/ID#: _____
Insured Name: _____ Insurance Phone #: _____

MEDICAL INFORMATION

Diagnosis & ICD-10 CM Code: N39.3 Stress Urinary Incontinence, female
 Other: _____

Has patient undergone and failed a 4 week *documented* trial of Pelvic Muscle Exercise (PME) training?
 Yes No

Is patient cognitively intact? YES NO

Are the pelvic nerves intact? YES NO

ELITONE device prescribed to: Decrease urinary leakage associated with stress urinary incontinence
 Other: _____

Prognosis: Excellent Good Fair Poor

Date of most recent in-office visit: _____

PRESCRIPTION

I am prescribing the ELITONE device (HCPCS Code E0740) with GelPads (HCPCS Code A4595)

Quantity: One ELITONE Device + 2 GelPads Other _____

Length of Need: Lifetime (≥ 13 months) Other _____

Prescribing Physician Name: _____ UPIN #: _____
Facility Address: _____ NPI #: _____
Physician Signature: _____ Phone #: _____
Date: _____ FAX #: _____

Deliver To: Clinician's Facility Patient's Home*

I certify that I am the physician identified in this form. I have reviewed all sections of the physician's written order. Any statement on my letterhead attached here to has been reviewed and signed by me. The patient's record contains supporting documentation which substantiates the utilization and medical necessity of the ELITONE device and physician notes will be provided to an authorized distributor upon request. I understand any falsification, omission or concealment of material fact may subject me to civil or criminal liability. *My above signature indicates my approval to ship the instrument to my patient's home and releases shipper from any liability from its use prior to proper instrument education and training.