

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](http://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](http://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](http://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@elitone.com](mailto:customer@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](http://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: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Group #/ID#: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Group #/ID#: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

## MEDICAL NECESSITY

Diagnosis & ICD-10 CM Code:  N39.3 Stress Urinary Incontinence  
 N39.41 Urge Urinary Incontinence  Other: \_\_\_\_\_

ELITONE device prescribed to:  Decrease urinary leakage associated with urinary incontinence  
 Other: \_\_\_\_\_

Has patient failed a structured 4 week *plan* of Pelvic Muscle Exercise (PME) training?  Yes  No  
**(attach documentation of structured training showing no clinically significant improvement)**

Is patient cognitively intact?  Yes  No

Are the pelvic nerves intact?  Yes  No

Prognosis:  Excellent  Good  Fair  Poor

Date of most recent in-office visit: \_\_\_\_\_

## PRESCRIPTION

I am prescribing  ELITONE Pelvic Floor Stimulator (HCPCS E0740) with GelPads (HCPCS A4595)

Length of Need:  Lifetime (≥ 13 months)  Other \_\_\_\_\_

Prescribing Physician Name: \_\_\_\_\_

NPI #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.

Elidah, Inc., the maker of ELITONE, does not process insurance. Detailed Written Orders received by Elidah will be forwarded to a DME provider for processing. Elidah may maintain contact information to enable follow-up regarding completion of the order. Medical information is not retained by Elidah.