

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.