

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:

Device Prescribed:

<input type="checkbox"/> N39.3 Stress Urinary Incontinence <input type="checkbox"/> N39.46 Mixed Incontinence	ELITONE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)
<input type="checkbox"/> N39.41 Urge Urinary Incontinence	ELITONE URGE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)

Has patient failed a structured 4 week *plan* of Pelvic Muscle Exercise (PME) training? Yes No

(REQUIRED: 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 the above device to decrease urinary leakage associated with urinary incontinence.

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

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

Prescribing Physician Name: _____ NPI #: _____

Facility Address: _____

Phone #: _____ Fax #: _____

Physician Signature: _____ Date: _____

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.

*With chart notes**, Fax: 833-830-1310 or Email: clinicians@elitone.com*