Detailed Written Order

SCAN for fillable online form

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

_____ Email: _____

Insurance Company: _____ ☐ Original Medicare, Part B?

Insured Name: _____ Group #/ID#: _____

_____ Insurance Phone #: _____

Secondary Insurance: _____ Group #/ID#: _____

Insured Name: _____ Insurance Phone #: _____

MEDICAL NECESSITY

Diagnosis & ICD-10 CM Code:	Medical Device Prescribed:
◯ N39.3 Stress Urinary Incontinence ◯ N39.46 Mixed Incontinence	**Elitone** Pelvic Floor Muscle Stimulator (HCPCS E0740), GelPads (HCPCS A4595) (contracts muscles for toning + some calming signals)
◯ N39.41 Urge Urinary Incontinence	**Elitone URGE** Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595) (calms overactive bladder)

**Requires additional intervention following a structured 4-week pelvic floor program. ☐ Yes ☐ No

Description: _____

Date of most recent in-office visit: _____

Is patient cognitively intact? ☐ Yes ☐ No Are the pelvic nerves intact? ☐ Yes ☐ No

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, may process Original Medicare and/or pass it on to a DME partner to process other types of insurance. Elidah may maintain contact information to enable follow-up regarding completion of the order.

ATTACH: 1) Documentation of 4 weeks of pelvic floor muscle exercises were attempted **2) Insurance card.**
Send this form and any attatchments to: **FAX: 833-830-1310** or **EMAIL:** billing@elidah.com