



Dear Healthcare Provider,

Your patient has expressed interest in Elitone or Elitone URGE. We are providing this information to support a conversation regarding treatment options. Visit [elitone.com/clinicians](https://www.elitone.com/clinicians) for additional information.

Elitone and Elitone URGE are **FDA-cleared external neuromodulation** devices used to contract and relax muscles to treat female urinary incontinence. They are painless, low-risk, high-benefit, clinically proven treatments that help women Regain Control & Regain Confidence®.



Stress urinary incontinence (SUI)

Non-vaginal toning of the pelvic floor muscles.

4 sec muscle contraction + 2 sec OAB relaxation

Alternative to:

- Passive Kegel coaches
- Vaginally inserted stimulation
- Surgery



Urge urinary incontinence (UUI) / wet OAB

Perineal-applied neuromodulation of the pudendal nerve

6 sec for OAB relaxation

Alternative to:

- Anticholinergics and Beta3 Agonists
- Implanted sacral neuromodulation
- Peripheral neurostimulation (PTNS)

### Ideal for:

- Busy moms
- Working women
- Postpartum care
- Aversion to vaginal devices
- Limited access to physical therapist
- Perform Kegels incorrectly
- Chronic skin irritation from wet pads
- Adjunct to physical therapy

### Easy to Use

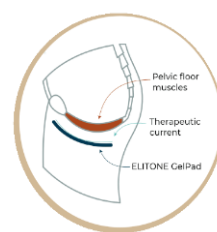
No training required. Use anywhere, anytime, while doing other tasks. This convenience drives compliance. **Use 4 times per week and see results in as few as 6 weeks.** It's easy, comfortable, and discreetly worn under clothes.



APPLY TO PERINEUM



ADJUST INTENSITY



WEAR FOR 20 MIN

### Strong Clinical Results

Both Elitone and Elitone URGE demonstrated clinical efficacy in pragmatic clinical studies.

**>95%**  
reported fewer leaks

**>70%**  
reduction in leaks

**22 of 22**  
quality-of-life measures improved

**85%**  
pad reduction with stress incontinence

**<4%**  
returns for inefficacy

### Prescribing and Insurance

A **prescription is not required**, and most women pay out of pocket, utilizing HSA/FSA or monthly payment options.

**Elitone is covered by Medicare** with Rx and post 4-week trial of pelvic muscle training under HCPCS code E0740 (Non-Implanted Pelvic Floor Electrical Stimulator). A prescription may also help obtain insurance reimbursement from other insurers. See [elitone.com/reimbursement](https://www.elitone.com/reimbursement) for more information.

### Patient's Next Steps

1. Determine which Elitone is right for you
2. Visit [elitone.com/order](https://www.elitone.com/order) to place order
3. Elitone will be shipped directly to you
4. Begin treatment
5. Follow-up with your physician as necessary

[clinicians@elitone.com](mailto:clinicians@elitone.com), 978-435-4324

Manufactured by Elidah, Inc. Newtown, CT USA

# Elitone Detailed Written Order



SCAN for  
fillable  
online  
form

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

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

Insurance Plan: \_\_\_\_\_

☐ Original Medicare, Part B Group

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

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

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

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

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

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

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

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

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

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

## MEDICAL NECESSITY

### Diagnosis & ICD-10 CM Code:

☐ N39.3 Stress Urinary Incontinence

☐ N39.46 Mixed Incontinence

☐ N39.41 Urge Urinary Incontinence

### Medical Device Prescribed:

**Elitone** Pelvic Floor Muscle Stimulator (HCPCS E0740), GelPads (HCPCS A4595)  
(contracts muscles for toning + some calming signals)

**Elitone URGE** Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)  
(calms bladder and surrounding structures)

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

Description: \_\_\_\_\_

Date of most recent visit: \_\_\_\_\_ Length Need: ☐ Lifetime ( $\geq 13$  months) or Other \_\_\_\_\_

## DELIVER TO

☐ Patient's Home  
(Default)

☐ \*Clinician's Facility: \_\_\_\_\_

Clinic Address: Care of: \_\_\_\_\_

\*By requesting shipment to a location that is not the patient's home, I confirm that this order is for the specific patient identified on this prescription. I agree that the device will not be held as stock or dispensed to any other individual, and that I assume responsibility for delivery to this patient.

## PRESCRIPTION

I am prescribing the above device to decrease urinary leakage associated with urinary incontinence.

Prescribing Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_ 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 Elidah or an authorized distributor upon request. I understand any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

**\*\*ATTACH: 1) Documentation of 4 weeks of pelvic floor muscle exercises were attempted 2) Insurance card.**

Send this form and any attachments to: **FAX: 833-830-1310** or **EMAIL: [billing@elidah.com](mailto:billing@elidah.com)**

Elidah, Inc., the maker of Elitone, may process this prescription and/or pass it on to a DME partner for processing. Elidah may maintain contact information to enable follow-up regarding completion of the order.