



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

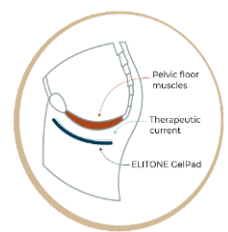
No training required. Use anywhere, anytime, while doing other tasks. This convenience drives compliance. **Use 4 times per week and see results in as few as 6 weeks.** It's easy, comfortable, and discreetly worn under clothes.



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, 978-435-4324

Manufactured by Elidah, Inc. Newtown, CT USA



Elitone Detailed Written Order



SCAN for
fillable
online form

PATIENT INFORMATION (*required)

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 4-weeks of pelvic floor muscle exercises. ☐ Yes ☐ No

Description or attach brief chart notes supporting medical necessity after exercises: _____

Date of most recent visit: _____ Length Need: ☐ Lifetime (≥ 13 months) or Other _____

DELIVER TO

☐ Patient's Home
(Default)

☐ §Clinic/Clinician Name: _____

Clinician Address: (Care of) _____

§By requesting shipment to a non-patient address, I confirm that this order is solely for the patient named on this prescription.
I agree the device will not be stocked or dispensed to anyone else, 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 and that I have reviewed all sections of this physician's written order. Any statement on my letterhead attached hereto has been reviewed and signed by me. The patient's record contains supporting documentation which substantiates the medical necessity and utilization 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 a material fact may subject me to civil or criminal liability.

****Submit this DWO, Chart note and Insurance Card (if available) by FAX to 833-830-1310 or EMAIL: billing@elidah.com**

To avoid delays, please ensure patient contact, insurance, and notes are complete.

Elidah, Inc., may process this prescription and/or forward it to a DME partner for processing, and retain contact information for order follow-up.