

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 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

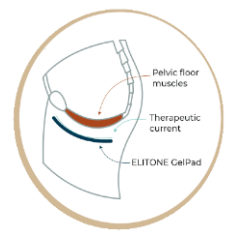
No training required. Use anywhere, anytime, while doing other tasks. This convenience drives compliance. **Use 4 times per week and see results in as few as 6 weeks.** It's easy, comfortable, and discreetly worn under clothes.



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 for more information.

Patient's Next Steps

1. Determine which Elitone is right for you
2. Visit 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



Detailed Written Order



SCAN for fillable online form

PATIENT INFORMATION (*required)

* Patient Name: _____ * Date of Birth: _____
 * Address: _____ * Phone #: _____
 _____ * Email: _____
 Type of Insurance: Original Medicare, Part B Medicare Advantage Medicaid PPO HMO Other
 * Primary Insurance Plan: _____ Secondary Insurance Plan: _____
 * Group # / ID #: _____ * Group # / ID #: _____
 Insurance Phone #: _____ Insurance Phone #: _____
 Insured Name: _____ Insured Name: _____

MEDICAL NECESSITY

* Medical Device Prescribed:

* Diagnosis & ICD-10 CM Code:

<input type="checkbox"/> Elitone for Men Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595). Aids continence recovery in men following prostate surgery.	<input type="checkbox"/> N39.3 Stress Urinary Incontinence <input type="checkbox"/> N39.46 Mixed Incontinence
<input type="checkbox"/> Elitone Pelvic Floor Muscle Stimulator (HCPCS E0740), GelPads (HCPCS A4595). Contracts and calms pelvic floor muscles in female patients.	<input type="checkbox"/> N39.3 Stress Urinary Incontinence <input type="checkbox"/> N39.46 Mixed Incontinence
<input type="checkbox"/> Elitone URGE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595). Calms overactive bladder in female patients.	<input type="checkbox"/> N39.41 Urge Urinary Incontinence

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

For Elitone and Elitone URGE only. Is additional intervention following 4-weeks of pelvic floor muscle exercises required? Yes No
 If yes, provide rationale (or attach brief chart notes) supporting medical necessity after exercises:

DELIVERY

Patient's Home (Default) Clinic / Clinician: _____
 Attention: _____
 Address: _____
 By requesting shipment to a non-patient address, I confirm that this order is solely for this patient. 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 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 specified 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.

* Prescribing Physician Name: _____ * NPI #: _____
 Physician Address: _____ Phone #: _____
 _____ Fax #: _____
 * Physician Signature: _____ Date: _____

Submit this **DWO**, **Insurance Card(s)**, and **Chart Notes** (as applicable) by
FAX: 833-830-1310 or **EMAIL: billing@elidah.com**

To avoid delays, please ensure information is complete.
 Elidah, Inc. may process this prescription directly or forward it to a DME partner for fulfillment.