



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 <u>elitone.com/clinicians</u> 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®.

#elitône

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

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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)

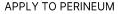
Ideal for:

- 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.







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

<u>clinicians@elitone.com</u>, 978-435-4324 Manufactured by Elidah, Inc. Newtown, CT USA

Detailed Written Order



SCAN for fillable online form

PATIENT INFORMATION

Patient Name:			Date of	Birth:
Address:				ne #:
				mail:
Insurance Company:			☐ Original Medi	care, Part B?
Insured Name:				#/ID#:
			Insurance Pho	ne #:
Secondary Insurance:			Group #	t/ID#:
Insured Name:				ne #:
MEDICAL NECESSITY Diagnosis & ICD-10 CM Code: Medical Device Prescribed: □ N39.3 Stress Urinary Incontinence Elitone Pelvic Floor Muscle Stimulator (HCPCS E0740), GelPads (HCPCS A4595)				
☐ N39.46 Mixed Incontinence		(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 interve Description:	•	•	c floor program.	
Date of most recent in-office	visit [.]			
Is patient cognitively intact?			e pelvic nerves intact?	☐ Yes ☐ No
PRESCRIPTION				
I am prescribing the above	e device to decrease	e urinary leakage ass	ociated with urinary inc	continence.
Length of Need:	☐ Lifetime (≥ 13 r	months)	Other	
Deliver To:	☐ Clinician's Facility		☐ Patient's Home*	
Prescribing Physician Name:			NPI#:	
Facility Address:				
•				
Physician Signature:				
, 5.3.611 01911446101				

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 attachments to: FAX: 833-830-1310 or EMAIL: billing@elidah.com