NATURE'S ASSIST, LLC

Sometimes you just need A little Nature's Assist

918-576-6442

naturesassist3@gmail.com

www.pumpluv.com

761 W New Orleans St, Suite 2
Broken Arrow, OK 74011

Patient Information Checklist

NAME: _____ DOB: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PONE: _____ CELL PHONE: _____EMAIL: _____

PRIMARY INSURANCE: _____ POLICY NUMBER: _____

NATURE'S ASSIST ORDER FORM

Medical Necessity (HCPC Code) * Required

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

☐ E0740 Elitone Pelvic Floor Stimulator	☐ A4595 Elitone GelPads
☐ E0740 Elitone Urge Pelvic Floor Stimulator	☐ * Required **Length of Need - Lifetime (13 Months)**

☐ Check if patient failed a structured four week plan of Pelvic Muscle Exercise (PME) training.

(* Required attach documentation of structured training showing no clinically significant improvement)

Per Insurance, please select or add a diagnosis code for billing purposes.* Required

☐ N39.3 Stress Urinary Incontinence
☐ N39.46 Mixed Incontinence
☐ N39.41 (Urge Stimulator) Urinary Incontinence

PROVIDER NAME (PRINT):* _____ DATE: * _____

PROVIDER SIGNATURE:* _____ NPI: * _____