Sometimes you just need. A little Nature's Assist.

Patient Information*

Name:______________________________DOB:______________________
Mailing Address______________________ City:__________State:__________Zip:__________
Cell Phone: ________________ Work/Home Phone: ____________________ Email: ____________________

Primary Insurance Name:______________________________Customer ID #______________________

Policy Holder Name:______________________________Customer Service #______________________

Nature's Assist Order Form

MEDICAL NECESSITY
Diagnosis & ICD-10 CM Code:

Device Prescribed:

Diagnosis & ICD-10 CM Code	Device Prescribed
☐ N39.3 Stress Urinary Incontinence ☐ N39.46 Mixed Incontinence	ELITONE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)
☐ N39.41 Urge Urinary Incontinence	ELITONE URGE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)

Has patient failed a structured 4 week plan of Pelvic Muscle Exercise (PME) training? ☐ Yes ☐ No
(REQUIRED: attach documentation of structured training showing no clinically significant improvement)**

Is patient cognitively intact? ☐ Yes ☐ No

Are the pelvic nerves intact? ☐ Yes ☐ No

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Date of most recent in-office visit: ____________________

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

Length of need: ☐ - Lifetime (13 months ☐ - Other____________________

Prescribing Physician Name:______________________ NPI:______________________

Physician Signature:______________________ Date:______________________

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