

PATIENT INFORMATION

Last Name*:	First Name*:	SSN:	DOB*:
Home Address:	City:	State:	Zip:
Home Phone:	Alt Phone:	Gender*: <input type="checkbox"/> Female <input type="checkbox"/> Male	

MEDICAL INSURANCE – PRIMARY

Plan Name*:	Phone #:
Member ID*:	Group #:

MEDICAL INSURANCE – SECONDARY

Plan Name:	Phone #:
Member ID:	Group #:

PHYSICIAN INFORMATION

Full Name*:	NPI*:	Tax ID:	License:	PTAN:
Address:	City:	St:	Zip:	Phone*:
				Fax:

REQUESTED INVESTIGATION

<input type="checkbox"/> Run Medical Benefits Investigation in order to Buy & Bill	CPT Code (Choose Administration): <input type="checkbox"/> 64555 – Percutaneous Implantation of Neurostimulator Electrode Array – Peripheral Nerve <input type="checkbox"/> 64575 – Incision for Implantation of Neurostimulator Electrode Array – Peripheral Nerve
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Benefits given are an estimation and not a guarantee of payment. Benefits are subject to change, and it is recommended that benefits are obtained within two weeks of the intended date of service to assure accuracy of plan information.

CLINICAL INFORMATION

ICD Code(s): Check primary <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Scheduled Treatment Date: # of Units	Site of care (ex. Ambulatory Surgical Center, Provider's Office, etc):
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Please Attach Patient Chart and Clinical Data

PRESCRIBER'S SIGNATURE REQUIRED¹

MD / NP / PA Signature: <u>Digitally Signed By</u>
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Summary of Indications:

The StimRouter Neuromodulation System is indicated for pain management in adults who have severe intractable chronic pain of peripheral nerve origin, as an adjunct to other modes of therapy (e.g., medications). The StimRouter is not intended to treat pain in the craniofacial region.

Do not use the StimRouter Neuromodulation System in users who have an implanted demand cardiac pacemaker, implanted cardioverter defibrillator (ICD), or other implanted active device, or who have bleeding disorders that cannot be stopped in advance of the StimRouter implantation procedure. Do not use the system where a metallic implant or a cancerous lesion is present in the immediate implant area. Effects of stimulation during pregnancy are not known. StimRouter is capable of producing skin irritation and muscle ache in the area of stimulation. Full prescribing information can be found in the Clinician Guide or <https://stimrouter.com/safety-information>.

¹Authorization for Release of Health Information: By signing this form, I represent to StimRouter BV360 Reimbursement Solution that I have obtained all necessary Federal and state authorizations and consents from my patient to allow me to release health information to StimRouter BV360 Reimbursement Services and its contracted third parties. Signature on this form also provides consent to contact this patient's insurance provider for this prescription on the prescriber's behalf.