



ORDER FORM

Utah Medical Products, Inc.
Phone: 1-800-533-4984 — Fax: (801) 566-2062

Patient Information

Name, Date of Birth, Address, Phone #, City, State, Zip, e-mail, Employer, Phone #

FOR MEDICARE CLAIMS ONLY: Copies of Insurance Cards (both sides) and Letter of Medical Necessity MUST accompany this order form Medicare claims cannot be filed without these items

Primary Insurance Company, Group #, ID/Claim #, Phone #, Secondary Insurance Company, Group #, ID/Claim #, Phone #

Prescription Information

I am prescribing: The Liberty PFS System (PFS-200) with: Vaginal Exerciser (PFS-041) Extended Handle Vaginal Exerciser (PFS-042) Rectal Exerciser (PFS-043)
Diagnosis: Urge Incontinence Stress Incontinence Mixed Incontinence Pelvic Floor Dysfunction Other
Physician Signature, Prescribing Physician's Name, Date, Physician Address, Phone #, Ship to Address, City, State, Zip, Ship to the Attention of, Date Needed, Phone #

HCPCS Code: E0740

Patient Purchase Agreement

With my signature and initials below, I agree:
1. That my order for the Liberty System is subject to shipping/handling charges and state tax (if applicable).
2. Payment must be made in full before the Liberty System can be shipped (with the exception of applicable Medicare coverage).
3. That, if I have Medicare coverage, Utah Medical Products, Inc. (UTMD) is authorized to forward my order to a Medicare supplier.
4. If I have private insurance, that I am completely responsible for making the insurance claim with my insurance company.
5. I authorize the release of applicable medical information about me by any holder of this information to the Centers for Medicare and Medicaid Services or its agents, as required to determine the benefits payable for related products or services.
6. That until I have made all required payments for the Liberty System, UTMD or the Medicare supplier own the product.
7. The Liberty PFS-200 system ONLY may be returned within 30 days of shipment to be eligible for refund, and only if pre-arranged with UTMD, with the exception that the Liberty Exerciser Probes (PFS-04x) are not eligible for return or refund.
8. Insurance benefit eligibility and quotes provided to me by UTMD are NOT a guarantee of coverage and/or payment.
Card #, Expiration Date, CVV:

I understand and agree to the Patient Purchase Agreement above and authorize my credit card to be charged accordingly.
Patient Signature, Date