



ORDER FORM

Utah Medical Products, Inc.
Phone: 1-800-533-4984 — Fax: (801) 566-2062
Reimbursement & Billing Hotline: 1-800-533-4984 ext. 4103

Where did you learn about Liberty®?

- checkbox doctor checkbox physical therapist checkbox another user
checkbox LibertyFromIncontinence.com checkbox other

Name Date of Birth (mm/dd/yyyy)
Address Phone #
City State Zip
Employer Phone #

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

Patient Information

Primary Insurance Company Group # ID/Claim #
Primary Insurance Address Phone #
Secondary Insurance Company Group # ID/Claim #
Secondary Insurance Address Phone #
checkbox Visa checkbox Master Card checkbox Discover Card # Expiration Date
checkbox American Express

I understand and agree to the Patient Purchase Agreement below and authorize my credit card to be charged accordingly.

Patient Signature Date
X

I am prescribing: The Liberty® PFS System with checkbox Vaginal Exerciser checkbox Extended Handle Vaginal Exerciser checkbox Rectal Exerciser

HCPCS Code: E0740

Diagnosis: checkbox Urge Incontinence checkbox Stress Incontinence checkbox Mixed Incontinence checkbox Pelvic Floor Dysfunction checkbox Other

Prescription Information

Physician Signature Prescribing Physician's Name Date
Address Phone #
Ship to Address City State Zip
Ship to the Attention of Date Needed: Phone#

With my signature above, I agree:

- 1. That my order for the Liberty System is subject to shipping charges and applicable state tax.
2. To pay a non-refundable down payment of \$80.00 before the Liberty System can be shipped (with the exception of applicable Medicare coverage).
3. That Utah Medical Products, Inc. is authorized to coordinate the billing with my insurance company, if I have private insurance.
4. That, if I have Medicare coverage, Utah Medical Products, Inc. is authorized to forward my order to a Medicare supplier.
5. That I am responsible for all costs of the product not paid within 60 days of shipment by my insurance company. In this event, I authorize my credit card be charged for this balance, divided into 3 equal payments on days 60, 90 and 120.
6. 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.
7. That until I have made all required payments for the Liberty System, UTMD or the Medicare supplier own the product.
8. The Liberty PFS-200 system ONLY may be returned within 60 days of shipment to be eligible for refund, and only if pre-arranged with Utah Medical Products, Inc., with the exception that the Liberty Exerciser Probes (PFS-04x) are not eligible for return or refund.

Patient Purchase Agreement