



ORDER FORM

Utah Medical Products, Inc., 1830 SE First St, Redmond, OR 97756
Phone#: 1-800-548-8667 Fax#: (541) 548-8066
Reimbursement & Billing Hotline: 1-800-548-8667 ext.22

Where did you learn about Liberty®?

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

Patient Information

Name Date of Birth
Address Phone #
City State Zip
Employer Phone #
Primary Insurance Company Group # ID/Claim #
Primary Insurance Address Phone #
Secondary Insurance Company Group # ID/Claim #
Secondary Insurance Address Phone #

Copies of Insurance Cards (both sides) and Letter of Medical Necessity MUST accompany this order form

Prescription Information

I am prescribing: The Liberty® PFS System with checkbox Vaginal Exerciser checkbox Extended Handle Vaginal Exerciser checkbox Rectal Exerciser
HCPSC Code: E0740
Diagnosis:
checkbox Urge Incontinence checkbox Stress Incontinence checkbox Mixed Incontinence checkbox Pelvic Floor Dysfunction checkbox Other
Physician Signature Prescribing Physician's Name Date
Address Phone #
Ship to Address City State Zip
Ship to the Attention of: Date Needed: Phone#

Purchase Agreement

The price of the Liberty system is \$375.00 plus shipping and applicable state tax. With the exception of patients with applicable Medicare coverage, a non-refundable down payment of \$80.00 is required before the Liberty System can be dispensed. If I have insurance, Utah Medical ("UTMD") will coordinate the billing with my insurance company. All costs of the product not paid for by my insurance company will become my responsibility. Should my insurance company not reimburse by the 60th day after the dispensed date, my credit card will be charged for the remaining balance, divided into 3 equal payments on day 60, 90 and 120. I request that payment be made directly to UTMD for authorized Medicare and/or Medigap benefits received on my behalf. All costs of the product not paid for on my behalf by Medicare and/or Medicaid will become my responsibility. I authorize any holder of applicable medical information about me to be released to the Health Care Financing Administration or its agents which may be required to determine the benefits payable for related products or services. After all required payments have been received by UTMD, I own the product. Products returned to UTMD within 60 days are eligible for refund. UTMD warrants its Liberty units to be free from defects in materials and workmanship for two years from the date of purchase and Liberty exercisers 90 days from the date of purchase. By signing below, I understand & agree to the above terms and authorize my credit card to be charged in accordance with the above terms.

checkbox Visa checkbox Master Card checkbox Discover Card # Expiration Date
checkbox American Express

Patient Signature Date

Utah Medical is unable to file insurance claims without the Letter of Medical Necessity and copies of both sides of current insurance cards