

Felix NeuroAI™ Wristband

ORDER CHECKLIST

Non-Medicare

To submit a prescription, please follow these steps:

1. Complete the Prescription Form.
2. Send the Prescription Form to

Fax: 800-673-3999

3. Please share the **Patient Getting Started Guide** with the patient.

Please note that contraindications for Felix are as follows:

- Suspected or confirmed epilepsy
- Pregnancy
- Implanted electrical device such as a pacemaker, defibrillator or deep brain stimulator
- Wrist skin that is swollen, infected, inflamed or presents with eruptions, open wounds or cancerous lesions

8500 Normandale Lake Blvd., Suite 400B, Bloomington, MN 55437-5543
Phone: 800-798-6777 Fax: 800-673-3999 Email: support@fasiklmed.com

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NON-MEDICARE
Felix NeuroAI™ Wristband for Tremor Relief – Prescription Form

Patient Information

Legal First Name:	**Legal Last Name:**	
Policy Number:	**Date of Birth**:	**Gender:** ☐ Male ☐ Female
Address:		
City:	**State**:	**Zip Code:**
Email:	**Mobile Phone:**	**Home Phone**:

Diagnosis ICD-10 Code

☐ **G25.0:** Essential tremor
☐ Other:

External Upper Limb Tremor Stimulator Description

Felix NeuroAI™ Wristband for Essential Tremor **HCPCS Code**: E0734 **Description**: External upper limb tremor stimulator of the peripheral nerves of the wrist **Quantity:** 1
Felix NeuroAI™ Electrode Bands **HCPCS Code**: A4542 **Description:** Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist **Quantity:** 3 boxes (90-day supply) **Refill frequency**: every 90 days

Prescriber Authorization

Treating Practitioner Signature:	**Order Date**:
Treating Practitioner Name:	**NPI #**
Clinic Name:	**Email Address**:
Phone Number:	**Fax Number**:

Please fax the completed form to 800-673-3999.

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Patient Getting Started Guide

- **RESERVE YOUR FELIX** at https://fasikl.com:

- **ENTER THE FELIX PATIENT PORTAL:**

  You will receive an email for instructions on how to set up your Felix patient portal. The patient portal will serve as your central hub for submitting intake information, signing required forms, selecting your size, ordering your Felix device, viewing training videos, and scheduling your in-person or virtual Felix fitting.

- **STREAMLINED ACCESS:**
  - Complete your paperwork, such as providing insurance details, signing consent forms, and completing a quick assessment.
  - Print the practitioner paperwork and bring it to your appointment to get a prescription.
  - Upon insurance verification, choose your device size and color, sign your financial agreement, and place your order.

- **QUESTIONS:**

  Please visit fasikl.com, send an email to support@fasiklmed.com, or call 800-798-6777. We are happy to help!