



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** and **Chart Notes** from the visit during which Felix was prescribed or the most recent visit to

Fax: 800-673-3999

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

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

Patient Information

Legal First Name:	Legal Last Name:	
Policy Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		
City:	State:	Zip Code:
Email:	Mobile Phone:	Home Phone:

Diagnosis ICD-10 Code

<input type="checkbox"/> G25.0: Essential tremor
<input type="checkbox"/> 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.