



BIOWAVE
SMARTER PAIN BLOCKING TECHNOLOGY

Get
back
in the
game

Rx
ONLY



BIOWAVEPRO

BIOWAVE
ATHLETE INSURANCE PROGRAM

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LEARN HOW TO QUALIFY FOR A BIOWAVEPRO AT NO CHARGE

- Complete the Patient Demographics Form
- Complete the Patient Agreement
- Complete the Pro Sports RX Form
- Send the completed forms to:
FAX: 475-444-3400
EMAIL: ORDERS@BIOWAVE.COM

The information, including but not limited to, text, graphics, images and other material contained herein are for informational purposes only. It is not intended to be a substitute for medical billing advice, professional medical advice, diagnosis, or treatment. Any information contained herein are subject to a full examination of the medical studies, FDA filings and medical literature that underline the claims. [Learn more at BioWave.com](#)





Patient Information

Last Name	First Name
DOB	Male or Female
Street/Apt.	
City State Zip	
Phone	Email Address

Insured Member Information

Last Name	First Name
DOB	Relationship to Patient
Street/Apt.	
City State Zip	
Phone	Email Address

Primary Insurance

Insurance Company	ID Number	
Identification Number	Employee/Group Number	
Claims Street Address	Phone Number	
Health <input type="checkbox"/>	Workers Comp <input type="checkbox"/>	Other <input type="checkbox"/>
City State Zip		
Claims Number	Contact Name	

Secondary Insurance

Insurance Company	ID Number	
Identification Number	Employee/Group Number	
Phone Number	Contact Name	
Health <input type="checkbox"/>	Workers Comp <input type="checkbox"/>	Other <input type="checkbox"/>



Patient Agreement

BIOWAVE CORP. 8 KNIGHT ST. • NORWALK, CT 06851
 PH: 877-BIOWAVE X1 • F: 475-444-3400
 ORDERS@BIOWAVE.COM

PAYMENT TYPE:

Private Insurance
 Cash Purchase/Self Pay*
 Workers' Compensation
 TriCARE Active Duty Military
 No Fault Auto

*Insurance carriers require a HICFAA 1500 form for all claims submissions. Without this, your insurance carrier will likely reject self submissions. If you plan to submit to insurance for reimbursement please do not choose "Self Pay". BioWave Inc. will be unable to provide a claims form after the fact.

CUSTOMER/Name	SHIPPING/Name
Company	Company
Street/Apt.	Street/Apt.
City State Zip	City State Zip
E-mail	Phone
DOB	Representative/Agent
Social Security #	Contact Info

EQUIPMENT - BIOWAVE NEUROMODULATION PAIN THERAPY SYSTEM		Price	Qty	Total
BWP-S	BioWavePRO Neurostimulator			
BIOWAVE NONINVASIVE STERILE SINGLE-USE PAIN RELIEF PADS		Price	Qty	Total
BWEN01-B	10-pack of B-Set Noninvasive Pain Relief Pads (10 Pairs of Pain Relief Pads)	\$165		
BWEN02-E	10-pack of E-Set Noninvasive Pain Relief Pads (10 Pairs of Pain Relief Pads)	\$165		
BIOWAVE PERCUTANEOUS STERILE SINGLE-USE ELECTRODES (PEAs)		Price	Qty	Total
BWEP01-B	6-pack B-Set Percutaneous Electrodes: see matrix pricing below			
BWEP02-E	6-pack of E-Set Percutaneous Electrodes: see matrix pricing below			

PERCUTANEOUS MATRIX DISCOUNT - price per bundle		
Quantity Purchased	B-Set Price	E-Set Price
1-3 6-pack	\$1,500.00	\$1,200.00
4-7 6-packs	\$1,200.00	\$960.00
8-15 6-packs	\$1,050.00	\$840.00
16+ 6-packs	\$900.00	\$720.00

Subtotal
Tax
Shipping
TOTAL

CREDIT CARD INFORMATION	
Name	Credit Card #
Expiration Date	CVV (security code)
Signature	Date

EMAIL OR FAX SIGNED AND COMPLETED FORMS TO: ORDERS@BIOWAVE.COM • FAX 475-444-3400



Pro Sports Rx/LMN Form

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 ORDERS@BIOWAVE.COM

Claim number #		Diagnosis	
Team		ICD-10 Code(s)	
Athlete Name		Date	
DOB		DOI	
Shipping Address			
City State Zip			

PHYSICIAN'S LETTER OF MEDICAL NECESSITY (LMN)

This letter is to request benefits of the FDA cleared BioWavePRO® Neuromodulation Pain Therapy System HCPC CODE: E1399 performed for said athlete. Due to the patient's condition, BioWavePRO® treatment was performed to decrease pain and accelerate return to function. BioWavePRO® uses a patented electronic signal technology allowing delivery of the electrical signals directly to the surface of pain nerves which prevents the formation of the pain signal and blocks the transmission of chronic, acute and post-surgical musculoskeletal pain. Based on the patient's condition and medical need, our current treatment plan includes permanent long term use with the BioWavePRO® system.

RX FOR BIOWAVEPRO NEUROSTIMULATOR AND PAIN RELIEF PADS

Qty: 1	BioWavePRO Neuromodulation Pain Therapy System: (HCPC CODE: E1399) high frequency neurostimulation for the treatment of chronic, acute & postoperative pain
Qty: 1	BioWavePRO Padded Travel Bag: (HCPC CODE: A9900)

RX FOR PAIN RELIEF PADS - CHOOSE B-SET OR E-SET

	B-Set Pain Relief Pads: (2, 10-packs B-set Noninvasive - HCPC CODE: A4595) (1, 6-pack B-set Percutaneous - HCPC CODE: A4649)
	E-Set Pain Relief Pads: (2, 10-packs E-set Noninvasive - HCPC CODE: A4595) (1, 6-pack E-set Percutaneous - HCPC CODE: A4649)

PRESCRIBER INFORMATION

Physician Name		NPI #	
Address		License #	
Phys. Signature		Date	