9555 Maroon Circle, Englewood, CO 80112

Zynex Representative:
Seneca Sadler
Phone: (720) 642-3208 **Email:** ssadler@zynex.com
Fax Signed Agreement to: +1 (800) 495-6695

NeuroMove 900 Lease to Own Agreement

AGREEMENT DESCRIPITON

Zynex agrees to provide to you one (1) NeuroMove 900 on a month to month Lease-to-Own program. Zynex will bill a credit card on file, provided by you or someone else, every month on the same day for the amount stated below. Zynex will continue to bill the credit card monthly until the NeuroMove 900 is returned back to our office or the amount billed to the credit card has reached the purchase price below.

NEUROMOVE 900 MONTHLY LEASE AMOUNT & PURCHASE OPTION

Monthly Lease Amount: $149.00* **Term of Lease Agreement:** 40 Months **Purchase Price:** $5,960.00**

* Includes 4 package of NeuroMove 900 electrodes

**NeuroMove 900 may be purchased at a discounted price any time within the first 12 monthly payments at a price of $4,500.00. The net amount due at time of purchase will be $4,500.00 minus all prior lease payments made to Zynex. Purchase of the NeuroMove 900 after 12 monthly payments will be $5,960.00 minus all prior lease payments made to Zynex.

PATIENT INFORMATION

First Name	Last Name	DOB

Phone	Alternate Phone	Email

SHIP TO ADDRESS

Street Address	City	State	Zip

ADDITIONAL CONTACT PERSON

First Name	Last Name	Phone

TERMS AND CONDITIONS

This agreement will be subject to the following terms:

- The date that we first ship you the NeuroMove will be the date each month that we bill the credit card on file for the monthly lease amount and will also be the date we ship you the 4 packages of electrodes each month.
- ***The Agreement may be cancelled by you at any time with return of the NeuroMove 900 in good working condition. Monthly payments to credit card on file will stop once NeuroMove 900 is received back at our office.***
- Zynex reserves the right to cancel this agreement if we are not able to successful bill the credit card on file and have not received a new form of payment within 45 days of the last payment made.
- Until the purchase price has been meet, Zynex Medical maintains ownership of the NeuroMove 900. You agree to not to sell, transfer, or otherwise grant any interest in the NeuroMove 900 to any third party.

MEDICAL INSURANCE COVERAGE & MEDICARE DISCLOSURE

The NeuroMove 900 is **not** covered by health insurance plans including Medicare and Medicaid. ***PLEASE NOTE:*** **If you have Medicare insurance you will need to complete the attached Medicare Advanced Beneficiary Notice of Non-coverage form.**

REQUIRED PAPERWORK TO BE SUBMITTED TO ZYNEX

1) Completed and signed NeuroMove 900 Lease to Own Agreement (this form)
2) Completed and Sign Advanced Beneficiary Notice of Non-coverage (**Medicare Patients Only**)
3) Signed prescription from your doctor for the NeuroMove 900 (included in packet)

By signing below you agree to the terms and conditions of this agreement:

Signature_____ Relationship to Patient_____ Date_____

Printed Name_____ Phone Number_____

A. Notifier: Zynex Medical, Inc.

B. Patient Name: **C. Identification Number:**

Advanced Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** EMG Triggered Stim below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** EMG Triggered Stim below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Zynex NeuroMove 900	The Zynex NeuroMove is not covered by Medicare	$149.00/mo. lease Unit and Electrodes; Total Due: $5960.00

WHAT YOU NEED TO KNOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. EMG Triggered Stim listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance That you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.** EMG Triggered Stim listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund nay payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** EMG Triggered Stim listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the **D.** EMG Triggered Stim listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy

I. Signature	J. Date:

EMG Triggered Stim - Prescription Request

To: _____ **Re: Patient:** _____

From: _____ **Clinic:** _____

I'm requesting a prescription for a home EMG Triggered Stimulation device to enhance the patient's rehabilitation to regain movement and strength.

FAX BACK TO: _____

Rx

Prescription & Medical Necessity
Zynex NeuroMove 900
and Monthly Electrodes

Patient Name* _____ **DOB*** _____

Phone* _____ **Mobile/Alternate** _____

Reason for Prescribing:

☐ Stroke Rehab ☐ Traumatic Brain Injury

Provider Signature* _____ **Date*** _____

Printed Name* _____ **NPI*** _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I certify that the equipment and supplies I prescribed are Medically Necessary for this patient's well-being; this is NOT prescribed as convenience equipment. In my professional opinion, the equipment is both reasonable and necessary in reference to the accepted standards of medical practice and treatment for this patient's condition. Substitution for this device is *NOT ALLOWED WITHOUT MY WRITTEN APPROVAL.*

Rep Name: Sadler, Seneca