



Patient Consent Form

Questions? Call 1-888-284-5433

Need help with product recommendations or questions about insurance coverage? Let's get started! Please complete the items below we'll take care of the rest!

Consent to Use and Disclose Protected Health Information: Saebo, Inc.'s Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this consent. As provided in our Notice, the terms of our notice may change. If we change our Notice, you may obtain a revised copy by contacting the Privacy Compliance Officer at the following address: SAEBO, INC, 2459 Wilkinson Blvd., Suite 120-B, Charlotte, NC 28208. You have the right to request that we restrict how protected health information about you is disclosed for treatment, payment or health care operations. Saebo, Inc., is not required to agree to this restriction, but if we do, we are bound by our agreement. I hereby acknowledge that I have been made aware of, and fully understand, my rights and responsibilities as a patient. I hereby authorize the release to Saebo, Inc. and release by Saebo, Inc. any necessary medical records, test results, etc., from any previous physicians, hospitals, etc., which will assist with the provision of any product or service which may be deemed appropriate for my medical treatment including the release of information to any healthcare provider, insurer, third party billing agency, or third party medical supplier. Agreement to Assign Benefits and Pay All Charges Not Covered by Insurance: I hereby assign all medical insurance benefits to which I am entitled to Saebo, Inc. for any items or services furnished to me by that provider. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to Saebo, Inc. for any items and services rendered to me or my dependents. I understand that I am responsible for any amount not covered by insurance. I understand that once an item has been custom fabricated for my use, my financial responsibilities will continue regardless of whether I choose to accept delivery of that item. Permission to be Contacted About Products: I hereby grant Saebo, Inc. (and its affiliated companies, successors or assignees) permission to contact me by telephone (or by mail, email, fax, instant messaging, or other electronic communication) in order to provide information about current or future products or services which may be useful in my medical treatment. I understand that I may notify Saebo at any time if I no longer wish to receive this additional information.

Patient Signature: _____

Patient Name: _____

Date: _____

Phone: _____

Email: _____

Therapist Name: _____

Phone: _____

Email: _____

SAEBO'S NOTICE OF PRIVACY PRACTICES

- The purpose of this Notice is to describe how your personal medical information may be used and disclosed and how you can get access to that information.
- It is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that all medical providers provide their patients with a Notice of Privacy Practices. Please address your questions and concerns to Attention: HIPAA Compliance Representative, SAEBO, Inc., 2459 Wilkinson Blvd, Suite 120-B, Charlotte, NC 28208 or call us at 1-888-284-5433.

What are SAEBO's legal requirements to their patient regarding privacy?

We are required by law to:

1. Make sure your personal medical history is kept private;
2. Notify you of our legal obligations and our privacy practices regarding your personal medical information;
3. Obtain acknowledgment of receipt of this notice from you;
4. Follow the most current notice of privacy practices as outlined by HIPAA;
5. Make only the change(s) required by federal law to this notice; and
6. Provide you with the proper internal contact information to complain about SAEBO's privacy practices relating to you.

Who is supposed to follow our privacy practices?

- All of SAEBO's employees, staff, personnel and private contractors.
 - ◆ All of these entities, sites and locations shall follow the terms of this notice.
 - ◆ All of these entities, sites and locations may share medical information with each other for your treatment including payment or health care operations purposes, all of which are described in this notice.

What is SAEBO's pledge to the patient?

- We understand that your personal medical information is private.
- We are dedicated to protecting your medical information.
- We maintain a detailed record of the quality care and services that we provided to you.
- We maintain your personal medical record in compliance with the applicable legal requirements.
- This notice applies to all of your medical records generated by SAEBO.
- This notice also applies to all of your other health information collected with your authorization to provide you with the best treatment possible.
- We are not responsible for the privacy practices and notice given to you by your personal doctor and any other entities not related to SAEBO, which may provide you with products or services.

What are your rights regarding your personal medical information?

1. You have the right to inspect and copy your personal medical history including medical and billing records.
 - Please submit your written request for your personal medical records to SAEBO.
 - If you request a copy of the information, we may charge a fee for the copying and mailing costs.
2. You have the right to have your personal medical records amended if applicable.
 - Please submit your written request to amend your

medical records to SAEBO.

- Your request will be reviewed and a reply returned to you stating whether the records were amended as you requested and an explanation if they were not amended.

3. You have the right to request an "accounting of disclosures." This is a list of the disclosures (information we will share or shared) we made regarding your personal medical information. This list will not include disclosures made for treatment, payment or SAEBO's health care operations, disclosures that you have previously authorized us to make or disclosures specifically exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Please contact SAEBO for this list.
4. You have the right to request a restriction or limitation on the medical information we use or disclose about your treatment, payment or health care operations. You also have the right to request a limit on the care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
 - Please submit your written request to limit the medical information we share to SAEBO.
 1. Include what information you want us to limit;
 2. Whether you want to limit our use, disclosure or both; and
 3. To whom you want the limits to apply, for example, disclosures to your spouse.
5. You have the right to request that we communicate your personal medical information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
6. You have the right to a paper copy of this notice.

How are we allowed to use and disclose or share your personal medical information?

- **Treatment** – We may contact your physician to determine how long you will be using our product.
- **Payment** – We may need to give your health plan provider information about products and services we provided to you so your health plan will pay us or reimburse you for the products and services.
- **Appointment Reminders**
- **Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Guardian, Friend, Family Member** – We may release medical information about you to a friend or family member who is involved in your medical care and/or helps pay for your care.
- **Research** – We may use and disclose medical information

about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one product or service to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the medical information they review does not leave our premises. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

- **As Required by Law** – We will disclose medical information about you when required to do so by federal, state or local law.

What are “Special Situations” in which we are allowed to use and disclose or share your personal medical information?

- If you are a **member of the armed forces**, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- We may release medical information about you for **workers' compensation** or similar programs. These programs provide benefits for work-related injuries or illness.
- We may disclose medical information about you for **public health activities** such as:
 - To prevent an injury or disability;
 - To report problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed

to a disease or may be at risk for contracting or spreading a disease or condition;

- We may disclose medical information to a **health oversight agency** for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- We may disclose medical information about you due to a **lawsuit and dispute** in response to a subpoena, discovery request, or other lawful process of law.
- We may disclose medical information about you if asked to do so by a **law enforcement official** in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct occurring on our premises; and in emergency circumstances to report a crime or the identity, description or location of the person who committed the crime.
- We may release medical information about you to **authorized federal officials** for intelligence, counterintelligence, and other national security activities authorized by law.
- We may release medical information about you to authorized **federal officials** so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- If you are an **inmate of a correctional institution** or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- We reserve the right to transfer medical information about you to a third party in conjunction with the **sale of our company** or certain assets belonging to our company and provided they follow proper privacy policies.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website: www.saebo.com. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our HIPAA Compliance Representative, SAEBO, Inc., 2725 Water Ridge Pkwy-Suite 320, Charlotte, NC 28217. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



Letter of Medical Necessity: Saebo**Stretch** Dynamic Orthosis

Patient Information

Patient Name: _____ D.O.B.: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Therapist Information

Therapist Name: _____ Account #: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Therapist's Signature: _____ Date: _____

ICD 10 Code(s): _____

Check problem areas that apply:

- ☐ Increased tone/spasticity
- ☐ Contracture/soft tissue shortening
- ☐ Pain
- ☐ Decreased ADL performance
- ☐ Other: _____

Additional Notes: _____

Brand/Model: **SaeboStretch** Start Date: _____ Length of Need: _____ (Indicate 6-99 months, 99=lifetime)

Physician Information

Physician's Name: _____ Physician's NPI #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

I certify that I am the physician identified in this form. I have reviewed the detailed written order. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in is true, accurate and complete, to the best of my knowledge. I certify that the patient/caregiver is capable and has successfully completed or will be trained on the proper use of products prescribed on this written order. The products lists and physician notes and other supporting documentation will be provided to the patient's provider or authorized distributor upon request. I understand any falsification, omission or concealment of material fact in that section may subject me to civil or criminal liability. By faxing this form I am acknowledging that the patient is aware that his/her provider and/or an authorized distributor may contact them for any additional information to process this order. A copy of this order will be retained as part of the patient's medical record.

Physician's Signature: _____ Date: _____

(Stamps are not acceptable)

ICD-10 Code Reference

SaeboFlex or SaeboReach devices

Late Effects of Cerebrovascular Disease:

Inclusion: Hemiplegia secondary to a CVA; can occur at any time after the onset of the causal condition.

Reminder: The medical diagnosis of Cerebrovascular Accident (CVA) or Stroke NOS (ICD-10 Code I63.9) *should not be used* as you are NOT treating CVA but rather the symptoms.

ICD-9		ICD-10	
438.20	Hemiplegia Affecting Unspecified Side	I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular Disease affecting unspecified side
438.21	Hemiplegia Affecting Dominant Side	I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
		I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
438.22	Hemiplegia Affecting Non Dominant Side	I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
		I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side

Hemiplegia/Hemiparesis:

Inclusion: Hemiplegia (complete or incomplete) that is reported without further specification or long standing hemiplegia from unspecified cause. Exclusion: Hemiplegia due to late effect of CVA. Definition: see last page of this document.

ICD-9		ICD-10	
342.01	Flaccid Hemiplegia Dominant side	G81.01	Flaccid hemiplegia affecting right dominant side
		G81.02	Flaccid hemiplegia affecting left dominant side
342.02	Flaccid Hemiplegia Non-dominant side	G81.03	Flaccid hemiplegia affecting right non-dominant side
		G81.04	Flaccid hemiplegia affecting left non-dominant side
342.00	Flaccid Hemiplegia Unspecified side	G81.00	Flaccid hemiplegia affecting unspecified side
342.11	Spastic Hemiplegia Dominant side	G81.11	Spastic hemiplegia affecting right dominant side
		G81.12	Spastic hemiplegia affecting left dominant side
342.12	Spastic Hemiplegia Non-dominant side	G81.13	Spastic hemiplegia affecting right non-dominant side
		G81.14	Spastic hemiplegia affecting left non-dominant side
342.10	Spastic hemiplegia affecting Unspecified side	G81.10	Spastic hemiplegia affecting unspecified side
342.90	Hemiplegia, Unspecified, Unspecified Side	G81.90	Hemiplegia, unspecified affecting unspecified side
342.91	Hemiplegia, Unspecified, Dominant Side	G81.91	Hemiplegia, unspecified affecting right dominant side
		G81.92	Hemiplegia, unspecified affecting left dominant side
342.92	Hemiplegia, Unspecified, Non-dominant side	G81.93	Hemiplegia, unspecified affecting right non-dominant side
		G81.94	Hemiplegia, unspecified affecting left non-dominant side

ICD-10 Code Reference

All Saebo Devices

Saebo's whole line of products can be used for other diagnoses aside from CVA. The following is a list of other medical diagnoses that can be considered; this list is not exhaustive. It is recommended that you refer to the ICD-10 coding book for the exact code that best describes your client's condition.

Nervous System

ICD-9		ICD-10	
332.0	Parkinson's Disease	G20	Parkinson's disease
340	Multiple Sclerosis	G35	Multiple Sclerosis
343.0	Infantile Cerebral Palsy	G80.1	Spastic diplegic cerebral palsy
343.3	Other Cerebral Palsy	G80.8	Other cerebral palsy
343.4	Infantile Hemiplegia	G80.2	Spastic hemiplegic cerebral palsy
344.9	Paralysis NOS	G83.9	Paralytic Syndrome, unspecified
344.40	Monoplegia of upper limb affecting unspecified side	G83.20	Monoplegia of upper limb affecting unspecified side
344.41	Monoplegia of upper limb affecting dominant side	G83.21	Monoplegia of upper limb affecting right dominant side
		G83.22	Monoplegia of upper limb affecting left dominant side
344.42	Monoplegia of upper limb affecting non-dominant side	G83.23	Monoplegia of upper limb affecting right non-dominant side
		G83.24	Monoplegia of upper limb affecting left non-dominant side

Musculoskeletal System and Connective Tissue

ICD-9		ICD-10	
715.04	Osteoarthritis of the hand (SaeboStretch)	M15.1	Heberden's nodes (with arthropathy)
		M15.2	Bouchard's nodes (with arthropathy)
726.10	Rotator cuff syndrome, unspecified (SaeboMAS)	M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
		M75.50	Bursitis of unspecified shoulder
727.61	Rotator cuff rupture (non-traumatic) (SaeboMAS)	M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
728.2	Muscular atrophy	M62.50	Muscle wasting and atrophy, not elsewhere classified, unspecified site
728.87	Muscle Weakness	M62.81	Muscle weakness (generalized)

ICD-10 Code Reference

Injury

Note: The 7th character in ICD-10-CM codes found in the Injury and External Cause chapter classifies a condition as the initial encounter (A), subsequent encounter (D), or sequelae (S). This digit is used to define the patient's encounter with the condition, and describes whether the condition is being actively treated (initial encounter), is in the aftercare or recovery phase (subsequent encounter), or is a late effect such as scarring or pain (sequela).

ICD-9		ICD-10	
806.00	Fracture of the vertebral column with spinal cord injury	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture.
		S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture.
		S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture.
		S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture.
		S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture.
		S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture.
		S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture.
		S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture.
		S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
		S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
		S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
		S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
812.00	Fracture of the humerus	S42.209A	Unspecified fracture of upper end of unspecified humerus, initial encounter for closed fracture
840.4	Rotator Cuff Injury (traumatic) (SaeboMAS)	S43.429A	Sprain of unspecified rotator cuff capsule, initial encounter
905	Late effect of fracture of spine and trunk without mention of spinal cord lesion		Please consult ICD-10 manual.
907.0	Late effects of injuries to the nervous system	S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
907.2	Late effects of spinal cord injury	S14.109S	Unspecified injury at unspecified level of cervical spinal cord, sequela
		S24.109S	Unspecified injury at unspecified level of thoracic spinal cord, sequela
		S34.109S	Unspecified injury at unspecified level of lumbar spinal cord, sequela
		S34.139S	Unspecified injury to sacral spinal cord, sequela
952	Spinal cord injury without evidence of spinal bone injury	S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
		S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
		S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
		S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
959.01	Head injury unspecified	S09.8XXA	Other specified injuries of the head, initial encounter
		S09.90XA	Unspecified injury of head, initial encounter.

ICD-10 Code Reference

ICD-10 Code Structure:

Please note when using the new ICD-10 codes:

- All ICD-10 codes are alphanumeric, and all begin with a letter.
- ICD-10 codes are between three and seven digits.
- As with ICD-9, the three digits to the left of the decimal represent the condition category; the digits to the right of the decimal represent additional details about the condition such as location, severity, cause, etc.
- One of the primary differences found in ICD-10 is the specification of the side of the body (left, right, unspecified).
- A new 7th digit extension code is found in certain chapters of the ICD-10 code book, including Chapter 19 "Injury, Poisoning and certain other consequences of external causes". This 7th digit is always a letter and is used to describe the stage of treatment or healing of the patient's condition.

Definition: Hemiplegia, Unspecified

- Severe or complete loss of motor function on one side of the body; this condition is usually caused by brain diseases that are localized to the cerebral hemisphere opposite to the side of weakness; less frequently, brain stem lesions, cervical spinal cord disease, peripheral nervous system diseases, and other conditions may manifest as hemiplegia.
- Paralysis of one side of the body
- Paralysis of one side of the body resulting from disease or injury to the brain or spinal cord.

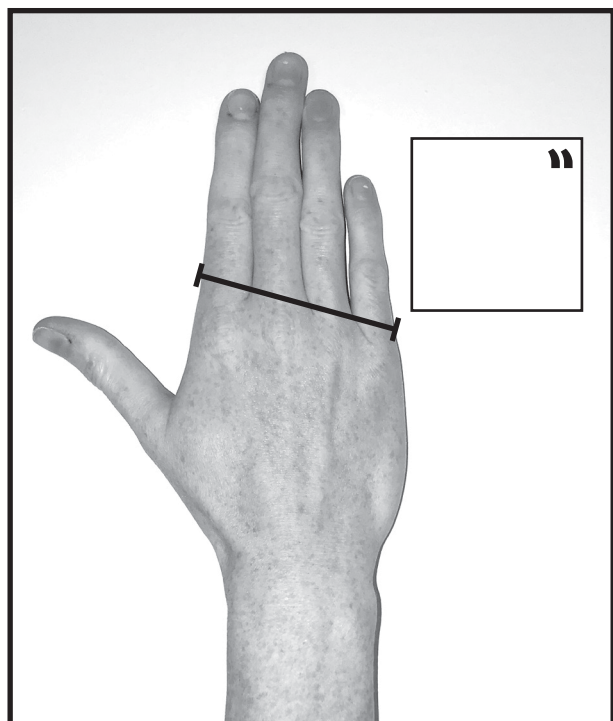
SaeboStretch® | Measurement Form

Dynamic Hand Splint



Indications

- Has mild to moderate tone or soft tissue shortening.
- Can passively achieve neutral wrist extension with composite finger extension with minimal effort.



With fingers together, measure straight across the digits (proximal phalanges) as shown in the photo. Avoid wrapping the measuring tape.

XXS: 1 $\frac{3}{4}$ " - 2"

XS: 2" - 2 $\frac{1}{4}$ "

SM: 2 $\frac{1}{4}$ " - 2 $\frac{3}{4}$ "

MD: 2 $\frac{3}{4}$ " - 3 $\frac{1}{4}$ "

LG: 3 $\frac{1}{4}$ " - 4"

Hand: Left: ☐ Right: ☐

Size: XX Small: ☐ X Small: ☐ Small: ☐ Medium: ☐ Large: ☐

If undecided about the size, assess finger length.

Longer fingers? Consider a larger size.

Total Length of Splint	
XXS	9"
XS	10"
SM	11 $\frac{1}{2}$ "
MD	13"
LG	14 $\frac{1}{4}$ "