

## Regarding Insurance Reimbursement



**BEST-Pro1™**



**BEST-RSI™**

Enclosed is prescription form that documents necessity and support for coverage of the Avazzia Biofeedback devices.

Insurance coverage ranges depending on the patient's individual policy from not covered at all to full value depending on deductibles and copay. Medicare typically covers \$350 or so less 20% copay – and will only cover if medical records are properly documented, and the device is distributed through a Medicare-approved reseller.

If you have patients who can use the device and would like to file for insurance coverage, they can use this documentation to file for direct reimbursement to themselves, or you can send the information to Avazzia to distribute the device to the patient and file an insurance claim.

If your patient has Medicare, but does not know of a Medicare-approved reseller in your area, the prescription and patient demographics and Medicare information can be sent to Avazzia for Avazzia to locate a Medicare reseller.

Let us know if we can be of service.

# Biofeedback Micro-Current Electro-Stimulation Technology: B.E.S.T.™

Your doctor has ordered a BEST™ Biofeedback device for you. This New Biofeedback Micro-Current Technology device was FDA cleared in 2007.

- Biofeedback - device output automatically changes as the body responds to the therapy
- Micro-Current therapy
- Non-pharmaceutical **pain relief**

## Potential Patient Benefits – PAIN RELIEF – TO HELP WITH PAIN MANAGEMENT

- Non-pharmaceutical **pain management**
- Non-invasive management of chronic, intractable pain
- Pre-surgical applications – use 2x per day for 20 minutes for 3 days before surgery
- Post surgical and long-term pain management including scar tissue
- Unique patent-pending micro-current output
- **Biofeedback** is built-in so that the device output changes in response to changes in tissue characteristics for longer lasting results, and longer effectiveness.
- **Easy to Use**, comfortable application
- 3 methods of application – apply device directly to area of pain using on-board electrodes that don't wear out, or use convenient conductive adhesive pads, or durable silver-threaded cloth conductive pads.
- Hand held, battery powered – 2 AA batteries
- Training provided in owners manual, brochure, and from manufacturer
- 30 day Trial while waiting for insurance to process.
- 1 year manufacturer limited warranty

## Patient may expect potential RELIEF

1. Pain management relief and get to keep device for long term pain management.
2. Purchase of this device (\$1,750.00 retail) is often partially covered by your insurance.
3. Avazzia will file insurance claim
4. Complete **Assignment of Benefits** (Proof of Delivery) form
5. Your estimated co-pay is **\$130.00** for a BEST device and a conductive garment – make check payable to **Avazzia** which is due at time of receipt of device.
6. 30 to 90 days later receive Explanation of Benefits from your insurance company (EoB)
7. Do not pay based on EoB because you already paid estimated out of pocket expenses.
8. If your insurance denies coverage, then you may either purchase your used device at a discount or return your device and a 15% restocking fee.
9. If you have any questions about your device, please contact Avazzia:

### **Avazzia, Inc.**

214-575-2820

13154 Coit Road, Suite 200 (Near Coit and I635)

Dallas, TX 75240

Fax 214-575-2824

Email: info@avazzia.com

## Physician's Statement of Medical Necessity (Prescription)

Please Complete, Sign, Date and Fax to (214) 575-2824

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Phone #: \_\_\_\_\_

Date of Injury/Onset: \_\_\_\_\_

**Diagnosis / ICD9:**

___ 338.4 Chronic Pain	___ 719.42 Pain: Joint: Elbow	___ 719.41 Pain: Joint: shoulder (region)
___ 338.28 Pain: Postoperative: Chronic	___ 719.47 Pain: Joint: Foot	___ 719.43 Pain: Joint: wrist
___ 729.5 Pain: Extremity (lower) (upper)	___ 719.44 Pain: Joint: Hand	___ 784.0 Pain: face, facial
___ 724.5 Pain: Back (postural)	___ 719.45 Pain: Joint: Hip	___ 350.2 Pain: face, facial: Atypical
___ 724.2 Pain: Back: Low	___ 719.46 Pain: Joint: Knee	___ 351.8 Pain: face, facial: Nerve
___ 719.40 Pain: Joint	___ 719.49 Pain: Joint: Multiple Sites	___ 729.5 Pain: Finger
___ 719.47 Pain: Joint: Ankle	___ 719.45 Pain: Joint: Pelvic Region	___ 729.5 Pain: Foot
		___ 729.5 Pain: Hand

Other ICD-9 Codes: \_\_\_\_\_

Other Diagnosis : \_\_\_\_\_

Previous Treatment(s)/Medications: \_\_\_\_\_

**Product Description:**

**Micro-current Biofeedback TENS BEST RSI™ or BEST-PRO 1™ Device with lead wire, & Conductive Pads**

**Conductive Garment** \_\_\_ is, \_\_\_ is not medical necessity. Check any that apply:

- \_\_\_ large area to be treated
- \_\_\_ multiple sites to be treated
- \_\_\_ areas are inaccessible with the use of conventional electrodes, adhesive tapes, and lead wires.
- \_\_\_ medical conditions, such as skin problems, that preclude the application of conventional electrodes
- \_\_\_ therapy required beneath a cast

- |                                |   |  |  |
|--------------------------------|---|--|--|
| <input type="checkbox"/> Left  | <input type="checkbox"/> Carpal wrap                    | <input type="checkbox"/> elbow wrap      | <input type="checkbox"/> conductive glove      |
| <input type="checkbox"/> Right | <input type="checkbox"/> ankle wrap                     | <input type="checkbox"/> shoulder wrap   | <input type="checkbox"/> conductive sleeve     |
| <input type="checkbox"/> Both  | <input type="checkbox"/> low back wrap (6 inches tall)  | <input type="checkbox"/> arm or leg wrap | <input type="checkbox"/> conductive sock       |
|                                | <input type="checkbox"/> high back wrap (8 inches tall) | <input type="checkbox"/> cervical wrap   | <input type="checkbox"/> conductive leg sleeve |

Length of Need:

\_\_\_\_\_ # of Months (short term) \_\_\_\_\_ 9 months or longer (long term) \_\_\_\_\_ Purchase

I certify that the above prescribed treatment is medically necessary for the patient's well being. In my opinion, the treatment is effective and is reasonable in the treatment of this patient's condition. I also certify that the information noted above is accurate to the best of my knowledge.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_ NPI number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**DO NOT SUBSTITUTE CONFIDENTIAL INFORMATION**



13154 Coit Road, Suite 200  
 Dallas, TX 75240  
 (214) 575-2820

Send to Avazzia

PURCHASE AND ASSIGNMENT OF BENEFITS

COMPLETE AND MAIL ORIGINAL TO AVAZZIA with

- Readable, enlarged photocopy of patient's insurance card and identification (front and back of cards)
- Co-Payment.
- Doctor Prescription

**PATIENT INFORMATION** – Please print and Complete in Full

**Date Issued:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Guarantor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

**Primary Insurance Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**Secondary Insurance Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**CLINIC INFORMATION**

Prescribing Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD9- Code: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone (if different): \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRODUCT INFORMATION**

Description: BEST™ TENS device, lead wire, pads, conductive garment

**Patient Signature is required for Proof of Delivery and Assignment of Benefits.**

I certify that the information given by me in applying for payment is correct. I permit a copy of this authorization to be valid as the original. I have received the device and/or supplies listed above in working condition on the date indicated in the Date Issue area and I hereby authorize payment of medical benefits to **Avazzia, Inc.** for the services furnished. I choose to use this particular equipment and this particular company. I represent that I have insurance coverage and do hereby authorize **Avazzia, Inc.** to release and obtain all information necessary to obtain benefits. I further authorized the release of any medical information required for treatment, payment and healthcare operations. I understand that any balance remaining relative to the cost of the device and /or supplies after insurance has remitted appropriate payment and Avazzia had taken applicable discounts will be my responsibility. If my insurance fails to pay **Avazzia, Inc.** in full, I agree to pay all unpaid balances in full. Charge my credit card if I gave you one with my order. If litigation is instituted to collect any unpaid balances, I agree to also pay all cost, including reasonable attorney's fees, incurred by **Avazzia, Inc.** I have read this agreement and agree to the terms and conditions.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person signing for the Beneficiary \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Date: \_\_\_\_\_

**Avazzia, Inc., 13154 Coit Rd., Ste 200, Dallas, TX 75240 USA tel 214-575-2820 fax 214-575-2824**

# Avazzia BEST RSI™ Device Order Form

BEST RSI™ Device Kit includes a BEST RSI™ device, a lead wire, and a package of 4 conductive pads. If you also need a Y175 or Comb Electrode, extra lead wires, or a Conductive Garment, they are listed separately.

Ordered items may be paid by either

- **Prepayment in cash** *or*
- **Estimated co-pay for insurance** and I authorize the company to file with my insurance for the remainder. I have attached the completed Assignment of Benefits form with my insurance information and a copy of my insurance cards.

Select either the **Retail Price** OR the **Estimated Co-pay** for Insurance Price. Do not pay both.

Line Item	Item Description	Retail Price	Estimated Co-Pay if insurance	Quantity Ordered	Amount
1	BEST™ Device	\$ 1386.91	\$ 130.00		
2	Y175-Electrode. (includes lead wire at no extra charge.) Not covered by insurance.	\$ 150.00	N/A		
3	Comb Electrode (includes lead wire at no extra charge.) Not covered by insurance.	\$150.00	N/A		
4	Extra Lead wires	\$15.00	N/A		
5	Splitter lead	\$15.00	N/A		
<b>The items listed below are NOT returnable because they are personal items and cannot be resold.</b>					
6	Carpal Wrap with 2 electrodes	\$750.00	\$75.00		
7	Ankle Wrap with 2 electrodes	\$750.00	\$75.00		
8	Elbow Wrap with 2 electrodes	\$750.00	\$75.00		
9	Shoulder wrap with 2 electrodes	\$750.00	\$75.00		
10	Low Back Wrap with 2 electrodes	\$750.00	\$75.00		
11	Arm or Leg Wrap with one large 3x5" electrode	\$750.00	\$75.00		
12	Cervical (Neck) Wrap with 2 electrodes	\$750.00	\$75.00		
13	Conductive Glove	\$750.00	\$75.00		
14	Conductive Arm Sleeve	\$750.00	\$75.00		
15	Conductive Sock	\$750.00	\$75.00		
16	Conductive Leg Sleeve	\$750.00	\$75.00		
<b>Total Authorized Charges</b>					

Payment may be paid by check or credit card. If by credit card, then please complete this agreement.

<b>BILL-TO ADDRESS on card</b>	<b>SHIP-TO ADDRESS</b> IF DIFFERENT FROM BILL-TO ADDRESS
Customer Name:	Customer Name:
Address:	Address (no P.O. Box):
City, State, Zip:	City, State, Zip:
Daytime Phone:	Daytime Phone:
E-Mail:	E-Mail:
Credit Card: VISA <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Credit Card No.:	
Expiration Date:	3 OR 4 Digit Security Code:

Card member acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Avazzia, Inc., 13154 Coit Rd., Ste 200, Dallas, TX 75240 USA tel 214-575-2820 fax 214-575-2824

## AVAZZIA BEST™ vs. Conventional TENS

AVAZZIA BEST™ devices are FDA cleared as microcurrent biofeedback TENS devices for the symptomatic relief and management of chronic, intractable pain, and adjunctive treatment in the management of post surgical and post-traumatic pain.

### Technical Comparison

AVAZZIA BEST™	Conventional TENS
<p><b>21<sup>st</sup> Century Technology</b></p> <p><b>High intensity, very low current, burst pulses</b></p> <p><b>Voltage Range: 0-450 volts</b></p> <p><b>Amperage Range: Microamps (10<sup>-6</sup> Amps)</b></p> <p><b>Signals in the frequency range of 1Hz to 1000 Hz</b></p> <p><b>Damped asymmetrical biphasic sinusoidal waveform</b></p> <p><b>Signaling always varies based upon changes in impedance of the tissue</b></p> <p><b>The AVAZZIA BEST device forms a somatic biofeedback between the device and the tissue</b></p>	<p>1970's Technology</p> <p>Low intensity, higher current, long duration pulses</p> <p>Voltage Range: 0-40 volts</p> <p>Amperage Range: Milliamps (10<sup>-3</sup> Amps)</p> <p>Signals in the frequency range of 1Hz to 100 Hz</p> <p>Square waveform, mono-phasic or biphasic</p> <p>symmetrical or asymmetrical</p> <p>Signaling is typically the same continuous pattern.</p> <p><b>No biofeedback</b></p>

### Performance Comparison

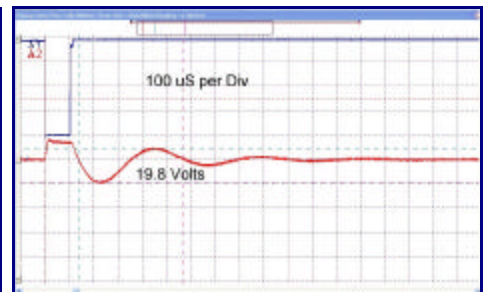
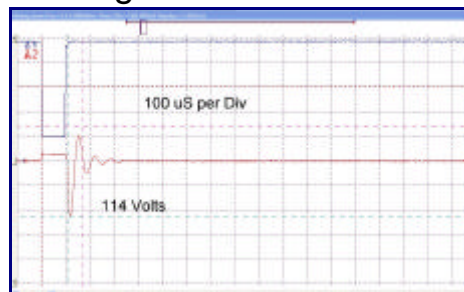
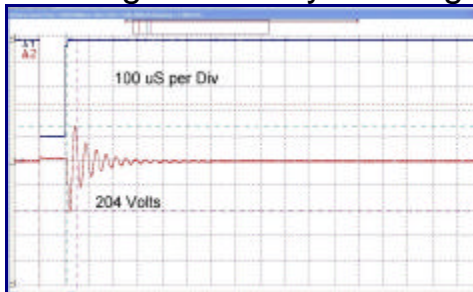
AVAZZIA BEST™	Conventional TENS
<p><b>Somatic biofeedback prevents neurological habituation and accommodation, for <u>more effective pain management</u></b></p> <p><b>Effectiveness lasts several hours after treatment</b></p>	<p>Develops neurological habituation and accommodation, which <u>severely limits effectiveness</u> of pain management</p> <p>Effectiveness often stops when treatment ends</p>

# AVAZZIA BEST™

## Microcurrent Biofeedback Electro-Stimulation Technology

Biofeedback is the body's response to the stimulus, and the technology's ability to detect, measure, analyze and respond to the body.

As the BEST™ product is applied, a "high voltage, micro-current" signal is passed through the skin. With each signal, the electrical properties of the tissue changes. The device detects the change and responds, resulting in the very next signal being modified.



In air, there is no conductivity between the electrodes. The output signal waveform appear as shown.

The device immediately detects when the electrodes are placed on reactive tissue as shown.

In **Relax/Assess** mode, the device will 'RING' when it detects the optimum characteristics.

## BEST™ Technology

- New concept in electro stimulation
- Micro-current Electro Nerve Stimulation
- Automatic Interactive Biofeedback
- Electro-therapy
- Handheld
- Battery-operated
- Measures and sends electric pulses as the unit is moved along the skin



BEST-RSI, Body-Stim, and BEST-Pro 1 micro-current biofeedback devices are FDA cleared for symptomatic relief and management of chronic, intractable pain, and adjunctive treatment in the management of post-surgical and post-traumatic pain.



# BIOFEEDBACK ELECTRO-STIMULATION TECHNOLOGY PRODUCT SPECIFICATION

**B.E.S.T.™ DEVICES**

**MKT-070906-01D (09-09)**



**MED-BEST™**  
Soothing therapy for chronic or acute conditions



**MED-SPORT™**  
Sports injury applications



**BEST-PRO 1™**  
Advanced Biofeedback TENS Applications



**BEST-RSI™**  
Biofeedback TENS for Chronic Conditions

## Product Specifications

Size	114mm X 63mm X 31mm
Weight	Approx. 115 grams (4.0 oz) Approx. 155 grams (5.5 oz) (with batteries)
Power Source	2 AA size 1.5V DC batteries
Pulse Duration	10 - 500 $\mu$ S
Pulse Frequency	4 - 351 Hz
Output Voltage	20 - 450 V
Output Current	2 - 90 $\mu$ A
Timeout	60 minutes
Waveform	Pulsed, damped, bi-phasic sinusoidal

## Product Description

B.E.S.T.™ devices are hand-held, battery-operated, electro-stimulation medical devices. Each device has 4 modes of operation specifically developed for relaxation and stimulation therapy.

## Audible Indicators

- Power on beep and 3 lights during initialization
- Tick sound every 30 seconds, double beep every 2 minutes
- Tick sound with increase/decrease power level
- In Relax/Assess mode, chirp and ring sound upon detection of body contact and treatment progress.

## Production Information

- Manufactured and engineered in the USA by Avazzia, Inc.
- Customer service in the USA
- USA FDA company and CE certification
- ISO 13485 international quality certification
- Patented technology with new patents pending

B.E.S.T.™ Devices BEST-RSI™ and BEST-Pro 1™ are USA FDA cleared as biofeedback micro-current TENS devices indicated for symptomatic relief and management of chronic, intractable pain, and adjunctive treatment in the management of post-surgical and post-traumatic pain. US Federal law restricts these devices to sale by or on the order of a physician.

**CE**  
0470

## Requirements and Warnings

B.E.S.T.™ devices are available through neurologists, orthopedic doctors, pain management specialists, physical therapists, chiropractors, nurse practitioners, and other health care professionals.

**WARNING:** Not intended for individuals with pacemaker or other implanted electronic device or who may be pregnant. Safe for pets.

## Accessories Sold Separately

Self-adhesive electrode pads. Standard with kit, otherwise sold separately.



**Comb Electrode**  
Unique therapeutic tool for application beneath the hair for scalp relaxation therapy.



**Y-Electrode**  
Soft tissue Y-electrode-8" handle. Good for large muscles such as back, shoulders, calves. Patent Pending.



**Pencil Electrode**  
A special, small therapy electrode for stimulation of facial lines and wrinkles, acupuncture points



Avazzia quality Copyright and Patented Comb and Y-Electrodes