

Statement of Medical Necessity for Alpha-Stim[®] Use

Re: Patient Name: _____ Telephone: _____

To Whom It May Concern:

I am ordering the rental or purchase of an Alpha-Stim[®] prescription-electromedical-device complete with accessories for the above named patient to use at home as a conservative method of treating pain, anxiety, depression and/or insomnia. This technology has a 28-year history and is supported by successful outcomes documented by more than 40 scientific studies (see www.mindbodyelectric.com for research reports and other information). It has proven to be consistently effective so I have advised the patient to utilize it on a regular basis.

I want this patient to have the following Alpha-Stim[®] device (*do not substitute*):

- Alpha-Stim[®] 100 microcurrent and cranial electrotherapy stimulator for the treatment of pain, anxiety, depression, and/or insomnia.
- Alpha-Stim[®] SCS cranial electrotherapy stimulator for the treatment of anxiety, depression, and/or insomnia.
- Alpha-Stim[®] PPM microcurrent stimulator for the treatment of pain.

The patient's current diagnoses applicable to the Alpha-Stim[®] treatments are:

1. _____ ICD9 Code: _____.
2. _____ ICD9 Code: _____.
3. _____ ICD9 Code: _____.
4. _____ DSM IV Code: _____.
5. _____ DSM IV Code: _____.

The prognosis is: _____

Yours truly,

Name, Degree: _____

Address: _____

Telephone: (_____) _____

Licensed Practitioner's Signature

Date

State License Number

NPI

Send Signed Order To:
Mind-Body Electric
1892 Willamette Street
Eugene, OR 97401
1-866-484-2101 / FAX 541-344-4620