

**Welcome to the eNeura Community! Your doctor has prescribed the sTMS mini or SAVI (sTMS) for you.
 To get started, please complete this form.**

PATIENT INFORMATION

First Name:

Last Name:

DOB:

SHIPPING ADDRESS

Recipient:

Address:

Apt. No:

City:

State:

Zip Code:

BILLING ADDRESS

Same as shipping address

Payer Name:

Address:

Apt. No:

City:

State:

Zip Code:

Preferred Ph.#:	Home	Ok to leave a message: Y	N	Other Ph.#	Home	Ok to leave a message: Y	N
	Cell				Cell		
	Work				Work		

Preferred Email:

eNeura will use both phone and email to communicate important information with you.

INVOICING INFORMATION:

Select Pricing Option:

NEW Patient Program:

- **\$250 for first month rental**
- **Two (2) additional months FREE!**
- **Money-back Guarantee***

(Standard rate is \$250 per month thereafter.)

Prescription Refill:

\$250 per one (1) month rental

\$2,550 for a twelve (12) month rental paid in advance.
 Price reflects a 15% discount (regularly \$3,000)

Select Payment Method:

Credit Card (PayPal)

You do not need a PayPal account to use this service.
 A link will be emailed to you to pay via PayPal.

Check

Bank Transfer

CareCredit

(for more information, please visit www.carecredit.com)

There is a \$50.00 shipping charge for the initial shipment of the devices, and delivery of the device requires a signature. All replacement SIM Rx cards or exchange devices will ship at no additional charge unless overnight service is requested and SIM card delivery does not require a signature.

The device and renewal SIM Rx cards will not be shipped until **payment in full** is received by eNeura.

RETURN/EXCHANGE POLICY: If equipment is not returned or a prescription refill is not paid within **forty-five (45) calendar days** from expiration of the current prescription card installed in the device, you will be charged a pro-rated monthly fee until return is completed. Customer Care will provide a prepaid UPS return label via email within 24 hours of request for return. Prescription refills are non-refundable as eNeura cannot guarantee efficacy.

* Requires a diagnosis of migraine, use of the device as prescribed and use of the "sTMS Patient Diary" for a minimum of 21 days each month for the 3 months of your initial prescription. If you do not show a 30% reduction in headache days and/or a decrease in migraine severity during that period, we will refund your \$250 prescription payment (shipping fees are non-refundable). Your request for refund must be submitted to Customer Care via email within 15 days of expiration of initial prescription SIM card. Refunds that meet the above criteria will be issued upon eNeura's receipt of the returned device.

First Name:

Last Name:

DOB:

I understand that I am responsible for payment when services are rendered and submittal of claim to insurance for reimbursement.

I certify that I have read and agree to the Patient Authorization and eNeura's Terms and Conditions for Rental of the sTMS mini.

Patient's (or Patient Guardian's) signature

Date Signed

Print Patient's (or Patient Guardian's) name

Print Patient's name if different from signatory's name

PATIENT AUTHORIZATION

By signing this document, I give permission for my healthcare providers (HCPs), pharmacies, health insurer(s), third-party contractors, and service providers to disclose my personal information, including information about my insurance, prescriptions, medical condition, and health ("personal information") to eNeura Inc., its affiliates, business partners, and agents so that eNeura can:

- (i) coordinate my receipt of and payment for sTMS,
- (ii) help to verify or coordinate insurance coverage for my treatment with sTMS,
- (iii) provide me treatment reminders and support

I give permission to eNeura to disclose my personal information to my HCPs, pharmacies, health insurer(s), caregivers, and other third-party contractors or service providers for the purposes described above.

I understand that once my personal information is disclosed, it may no longer be protected by federal privacy law. I understand that I may refuse to sign this authorization. I may revoke (cancel) or get a copy of this authorization at any time by calling eNeura Customer Care at 1-855-366-8355, option 1, or writing to: eNeura Inc., Customer Care Dept., 1735 N. First Street, Ste 105, San Jose, CA 95112. If I cancel my consent, eNeura will no longer be able to assist me with insurance coverage inquiries, prior authorizations or appeals. My revocation will not affect uses and disclosures of personal information previously disclosed in reliance upon this authorization. I understand that this authorization will remain valid for 5 years after the date of my signature, unless I revoke it earlier.