



HC Bio-Current

Hill Country Bio-Current Therapies
Authorized Alpha-Stim® Distributor

Please complete and fax or mail to HC Bio-Current so that we can arrange for delivery of your patient's Alpha-Stim unit. This form is also acceptable for claims submission to insurance companies.

11901 W. Parmer Lane, Suite 310
Cedar Park, TX 78613
Phone – 512.501.3627
Fax – 512.259.3576
www.hcbiocurrent.com

Statement of Medical Necessity/Prescription/Order for Alpha-Stim® Purchase

Date _____

Re: Patient Name: _____ Contact # _____
Address _____ DOB _____

To Whom It May Concern:

I am ordering the purchase of an Alpha-Stim® prescription electrotherapy stimulator for the above named patient to use at home as a conservative method of treating his/her:

anxiety, depression, insomnia, and/or pain.

This technology is supported by successful outcomes documented by more than 55 published scientific studies (see www.hcbiocurrent.com for annotated abstracts). It has shown to be consistently effective for him/her so I have advised my patient to utilize it on a regular basis.

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

Alpha-Stim® SCS - cranial electrotherapy stimulator for the treatment of anxiety, depression, and/or insomnia.

Alpha-Stim® 100 - micro-current electrotherapy stimulator for the treatment of anxiety, depression, insomnia and/or pain.

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

1. _____ ICD9 Code: _____

2. _____ ICD9 Code: _____

The applicable billing code (optional but necessary for insurance filing) is:

1. E1399 - misc. durable medical equipment (Cranial Electrotherapy Stimulator) – AS SCS unit
2. E0730 - misc. durable medical equipment (micro-current electrotherapy for pain) – AS 100 unit

Thank you,

Healthcare Provider Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____

Specialty: _____ E-mail/website: _____

State License Number/UPIN: _____

Signature _____