

ZIMMER BIOMET BONE CEMENT WARRANTY CLAIM FORM

Revised as of March 1, 2019

THIS FORM IS TO BE COMPLETED BY THE OPERATING SURGEON AND MUST BE RECEIVED BY ZIMMER BIOMET SHOULD A REVISION SURGERY BE REQUIRED WITHIN TEN YEARS (10 YEARS) OF PRIMARY IMPLANTATION OF A PARTIAL OR PRIMARY KNEE REPLACEMENT IMPLANT DUE TO THE ASEPTIC LOOSENING OF THE ZIMMER BIOMET PARTIAL OR PRIMARY KNEE REPLACEMENT IMPLANT (HEREINAFTER REFERRED TO "ASEPTIC LOOSENING") WHERE THE ZIMMER BIOMET BONE CEMENT USED IN THE PRIMARY IMPLANTATION WAS NOT INFUSED WITH ANTIBIOTICS, AS OUTLINED IN THE BONE CEMENT WARRANTY TERMS AND CONDITIONS. THE FORM MUST BE COMPLETED AND SUBMITTED TO BONECEMENTCLAIM@ZIMMERBIOMET.COM WITHIN THIRTY (30) DAYS FOLLOWING THE REVISION SURGERY IN ORDER FOR THE BONE CEMENT WARRANTY TERMS AND CONDITIONS TO BE EFFECTIVE. FOR ADDITIONAL QUESTIONS OR INQUIRIES ON THE BONE CEMENT WARRANTY AND HOW TO COMPLETE THIS FORM, PLEASE E-MAIL BONECEMENTWARRANTYQUESTIONS@ZIMMERBIOMET.COM OR REACH OUT TO YOUR ZIMMER BIOMET SALES REPRESENTATIVE.

CONFIDENTIAL INFORMATION. If you are not the intended recipient, please contact Zimmer Biomet customer service at contactus@zimmerbiomet.com, at 1-800-253-6190 or destroy.

Hospital Name	Zimmer Biomet Customer Account Number:	
Street Address		
Street Address Line 2		
City	State	Postal/Zip

Surgeon Name	NPI#
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Patient Name		
Patient Age	Patient Gender	Female Male
Primary Surgery Date	<i>(Must be after Hospital's Enrollment Date in Warranty program)</i> Revision	
Surgery Date		
Receipt/Invoice: <i>(A receipt/invoice for product for which replacement is sought must be attached to your claim submission.)</i>		

Zimmer Biomet Knee Implant Used in Primary Surgery

Ref#

Lot #

Left Knee

Right Knee

Partial

Total

Bone Cement Used in Primary Surgery

Ref#

Lot #

Must provide: Surgery Notes from Primary Surgery; and i) Sticker Sheets/Patient Charge Sheets or ii) receipt/invoice within your claim submission.

Zimmer Biomet Knee Implant Used in Revision Surgery

Ref#

Lot #

Left Knee

Right Knee

Partial

Total

Bone Cement Used in Revision Surgery

Ref#

Lot #

Must provide: Surgery Notes from Revision Surgery; and i) Sticker Sheets/Patient Charge Sheets or ii) receipt/invoice within your claim submission.

Surgeon Certification (All three are required)

I hereby certify that:

The reason for revision surgery is Aseptic Loosening

ZIMMER BIOMET antibiotic infused Bone Cement was NOT used in the primary surgery.

Non-antibiotic infused ZIMMER BIOMET Bone Cement was not infused, mixed or otherwise manipulated with antibiotic prior to or during the primary surgery.

Surgeon Name

Surgeon Signature _____ Date _____

By signing below, you agree to the terms and conditions of the Bone Cement Warranty program, provide consent to contact you at the phone number or email address above to confirm case details, and submit in best faith that surgery notes, images and information provided for the Bone Cement Warranty claim are accurate.

Print Name

Signature _____ Date _____

FOR ZIMMER BIOMET SALES FORCE USE

Initial Surgery SMS Case #

Revision Surgery SMS Case #

In digitally scanning this form, sales force members should follow hospital policy. Following submission to bonecementclaim@zimmerbiomet.com, any hard copies in sales force possession should be destroyed according to hospital policy (e.g., shredded.)