

Patient Access Solutions Enrollment Form



Remote Therapeutic Monitoring (RTM) with Persona IQ®
The Smart Knee® and the mymobility® Care Management Platform

Received: _____

(855) 200-2760
eFax: (855) 200-2761
email: reimbursement@zimmerbiomet.com

Provider of Care

Surgeon Name:	
Practice Name:	
Point of Contact:	
Address:	
City, State, Zip:	
Tax ID #:	
NPI #:	
Email:	
Telephone Number:	
Fax Number:	
Referring Physician:	
Phone Number:	

Clinical Information

Primary Diagnosis:	
Diagnosis Code(s):	

Remote Therapeutic Monitoring

CPT Code(s): 98975, 98977, 98980, 98981

Patient Information

Last Name:	
First Name:	
Address:	
City, State, Zip:	
SSN #:	____-____-____
Date of Birth:	
Email:	
Telephone Number:	
PHI Authorization:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Name _____

Address:	
Facility NPI #:	
Date of Service:	
Place of Service:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> ASC <input type="checkbox"/> Office

Persona IQ® The Smart Knee®

Procedure Location: Right Left Both

CPT Code(s): 27447, C1776

Insurance & Prior Authorization Information

Primary Carrier:	
Telephone Number:	
Subscriber:	
Group Number:	
Patient ID #:	
Provider ID #:	

Secondary Carrier:	
Telephone Number:	
Subscriber:	
Group Number:	
Patient ID #:	
Provider ID #:	

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Please check the level of support (Select only one option)

- Benefit Verification Only:** Confirm benefits only with no prior authorization support
- Benefit Verification and Prior Authorization:** Confirm benefits and assist with prior authorization support

By your signature below, you verify that the information being disclosed in this enrollment form is complete and accurate to the best of your knowledge. With the submission of this form, you are enrolling your patient into a patient support program that Zimmer Biomet makes available as a benefit to those patients. In providing this benefit to your patient, you agree that Zimmer Biomet is your business associate under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). You are hereby notified, and you agree, that any protected health information provided to Zimmer Biomet in connection with this form shall be processed in accordance with the business associate agreement previously executed between you and Zimmer Biomet, or any of its affiliates. For indications, contraindications, warnings, precautions, potential adverse effects and patient counseling information, see the package insert or contact your local representative; visit www.zimmerbiomet.com for additional product information. You understand that Zimmer Biomet reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue the program or any of its features.

HCP SIGNATURE

PRINTED NAME

DATE

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This material is intended for health care professionals, patients using the mymobility app for Persona IQ episode of care, the Zimmer Biomet sales force and authorized representatives. Distribution to any other recipient is prohibited.

Persona IQ: The objective kinematic data generated by the CTE with CHIRP System are not intended to support clinical decision-making and have not been shown to provide any clinical benefit. Patients must have internet access and a text capable mobile device or compatible smart phone to use the mymobility app; not all features are available on the web-based version and patients should be clinically suitable for remote care.

THIS FORM CONTAINS PERSONAL HEALTH INFORMATION. IF YOU HAVE COME INTO POSSESSION OF THIS FORM IN ERROR AND ARE NOT THE INTENDED RECIPIENT, PLEASE NOTIFY SENDER/OWNER IMMEDIATELY.

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