

## How to *Get Started*



Talk to your physician about Revi to ensure it's the best next step in managing your urgent bladder leaks.



Double check your insurance card is up to date with your physician's office.



Ask your physician's office to sign the *Revi Access: Patient Consent and Authorized Representative Form* to give JDL Access your consent to use/disclose your personal health information (PHI) to seek coverage and payment for the Revi System.



For additional questions regarding Revi Access, please reach out to our team of specialists

✉ [reviaccess@jdlaccess.com](mailto:reviaccess@jdlaccess.com)

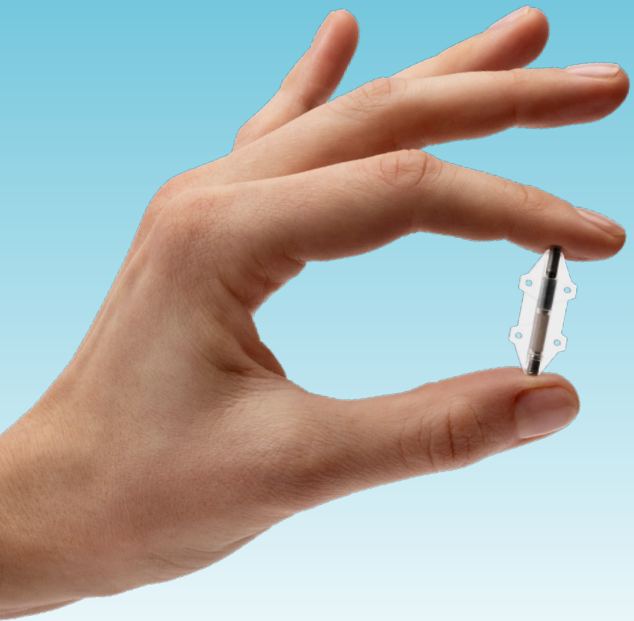
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# Access





## Patient Access Support Overview

The Revi System is a new therapy, proven to reduce symptoms of urgent bladder leaks, providing personalized therapy in an outpatient, single procedure. Revi utilizes a miniature device that is placed near the ankle in an outpatient procedure, under local anesthesia. You can walk out of the procedure the same day!

If you and your healthcare provider agree that Revi is the best option for you, they may submit for a pre-authorization with your insurance to better understand your coverage benefits.

**This is where Revi Access powered by JDL Access, is here to help.**



### What is a prior authorization?

Prior authorization (also known as pre-authorization, prior approval, or precertification) is a process that health insurance companies use to determine whether a patient is eligible to receive certain procedures. Prior authorization is done to determine whether a service, treatment, procedure, or durable medical equipment (DME) is medically necessary.



### How will Revi Access, powered by JDL Access, assist?

The JDL Access team will work with you and your physician to submit the required documentation needed for a prior authorization request. If the treatment is not approved initially, you have the right to appeal. The JDL Access team will guide and assist you throughout the appeals process, and work on your behalf as your authorized representative to submit appeals to your health insurance company until a final decision has been rendered.

## What is the process?

### 1 Prior Authorization

**DECISION PERIOD:** 15-30 days

You will be asked to sign a Patient Consent and Authorization Form, which enables JDL Access to work directly with you and your physician to receive, and submit, necessary documentation for Revi. Once you sign this form, JDL Access may submit paperwork on your behalf to seek prior authorization with your health plan, and act as your designated authorized representative to appeal any denials.

### 2 Internal Appeal

**DECISION PERIOD:** 30-45 days for each

If the prior authorization request is denied, JDL Access will work directly with your physician to submit a thorough letter and supportive clinical documentation to demonstrate medical necessity for Revi. You may receive correspondence in the mail from your health insurance plan during this process.

### 3 External Appeal (IRO)

**DECISION PERIOD:** 45-60 days

If the internal appeal requests are denied, you have the right to request an external review by a third-party independent review organization (IRO). JDL Access will work with you and your physician to initiate this request. The independent reviewer will decide if the payer should approve and cover the procedure. This is typically the last step of the pre-service appeal process.