



BELLACURE

RESTORE YOUR LIFESTYLE

Customer Registration Form

General Company Information

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Main Phone _____ Billing Phone _____

Billing Fax _____ Email Address _____

Web Address _____ **A valid email address is required for online ordering, account access and real-time order confirmations.**

Type of Business (check all that apply)

- Billing Agent Orthopedic Physical Therapy
- Distributor O&P PCP or GP

Type of Ownership

- Corporation Partnership Sole Proprietor
- Government Non-Profit

Tax ID _____

Duns _____

Years in Business _____

Tax Exempt?

Yes No

If yes, please send your state resale certificate with application.
(see attached example)

Primary Contact Information

Name _____

Phone _____

Email Address _____

Accounts Payable Contact Information

Name _____

Phone _____

Email Address _____

Default Shipping Address

Address _____

City _____ State _____ Zip Code _____

Billing Address

Address _____

City _____ State _____ Zip Code _____

How did you hear about us? _____

Bank References

Name _____ Phone _____ Fax _____
Account number _____ Contact _____

Name _____ Phone _____ Fax _____
Account number _____ Contact _____

Open Account Credit References

Name _____ Phone _____ Fax _____
Address _____
City _____ State _____ Zip Code _____

Name _____ Phone _____ Fax _____
Address _____
City _____ State _____ Zip Code _____

Name _____ Phone _____ Fax _____
Address _____
City _____ State _____ Zip Code _____

Approvals

Authorized Signature _____ Date _____
Print Name _____ Title _____

If you do not have a digital ID please still submit this form electronically by clicking the button below.
Also, please send us a copy with your signature to:

Bellacure, Inc.
6327 W Marginal Way SW, Bldg. 2
Seattle, WA 98106
Fax: 206-762-2080 www.bellacure.com Phone: 206-762-2070

For Bellacure Approval Only

Approved by _____
Limit _____ Date _____

Submit Electronically

Click to Submit by Email

Reset Form

Washington State
Department of Revenue
RESALE CERTIFICATE

1. Name of Seller **Bellacure, Inc.**

2. Name of Buyer/Business

3. Address of Buyer
Street City, State Zip

4. Buyer's UBI/Revenue Registration Number EXEMPT BASED ON SENATE BILL 6599 (or UBI #)

5. Buyer is in the business of

6. Types of items purchased for resale

GENERIC (VARIETY OF GIFT ITEMS...Orthopedic Supports, etc.)

I (the buyer) certify that I am purchasing the items listed on line 6
(please appropriate box):

- for resale in the regular course of business without intervening use in the regular course of business,
- for use as an ingredient or component of a new article of property to be produced for sale
- as a chemical to be used in processing a new article of property to be produced for sale, or
- for use as feed, seed, seedlings, fertilizer, or spray materials in my capacity as a farmer.

I acknowledge that I am solely responsible for purchasing within the listed on line 6. I acknowledge that misuse of the resale privilege claimed by use of this certificate subjects me to a penalty of **50 percent of the tax due**, in addition to the tax, interest, and any other penalties imposed by law.

Print Name ANY ELECTED OFFICER

Name of Person Authorized to Use Resale Certificate

Signature

Signature of Person Authorized to Use Resale Certificate

Effective Date through

(Not to Exceed 4 Years)

Bellacure OA Knee Treatment Device Sizing Chart

Size	Thigh - 6" (15cm) above knee*	Calf - 6" (15cm) below knee*
XS	13.5" - 16.5" (34.5cm - 42.0cm)	10.0" - 14.0" (25.5cm - 35.5cm)
S	16.5" - 19.0" (42.0cm - 48.5cm)	12.0" - 16.0" (30.5cm - 40.5cm)
M	19.0" - 21.5" (48.5cm - 54.5cm)	14.0" - 17.0" (35.5cm - 43.0cm)
L	21.5" - 24.5" (54.5cm - 62.0cm)	15.0" - 18.5" (38.0cm - 45.0cm)
XL	24.5" - 30.0" (62.0cm - 76.0cm)	16.5" - 22.0" (42.0cm - 56.0cm)

*Measurement taken from mid patella. If between sizes select the smaller size.



BELLACURE
RESTORE YOUR LIFESTYLE

Bellacure, Inc.
6327 W Marginal Way SW, Bldg 2
Seattle, WA 98106
1-800-795-2070



BELLACURE
RESTORE YOUR LIFESTYLE

OA Knee Treatment Device Order Form

Bellacure, Inc.
6327 West Marginal Way SW, Bldg. 2 Seattle, WA 98106
Customer Service 800.795.2070 Fax 206.762.2080

Right

Medial Compartment

part no.	size	quantity
10302	xsmall	_____
10306	small	_____
10310	medium	_____
10314	large	_____
10318	xlarge	_____

Left

Medial Compartment

part no.	size	quantity
10303	xsmall	_____
10307	small	_____
10311	medium	_____
10315	large	_____
10319	xlarge	_____

Right

Lateral Compartment

part no.	size	quantity
10301	xsmall	_____
10305	small	_____
10309	medium	_____
10313	large	_____
10317	xlarge	_____

Left

Lateral Compartment

part no.	size	quantity
10304	xsmall	_____
10308	small	_____
10312	medium	_____
10316	large	_____
10320	xlarge	_____

Measurement (in)*

Size	Measurement (in)*	
	6" Above	6" Below
XS	13.5 - 16.5	10.0 - 14.0
S	16.5 - 19.0	12.0 - 16.0
M	19.0 - 21.5	14.0 - 17.0
L	21.5 - 24.5	15.0 - 18.5
XL	24.5 - 30.0	16.5 - 22.0

* Measurement - Taken from mid patella If between sizes select the smaller size.

Note:

The medial or lateral selection is based on the compartment of the knee being treated for the OA condition.

Please visit us online at www.bellacure.com for ordering in the future or send e-mail at orders@bellacure.com.

PO Number: _____

Patient Name: _____

Credit Card



Name on card: _____

Number: _____

Exp: _____

Ship Via: Next Day 2nd Day 3 Day Ground

Bill To:

Ship To:

Company _____

Company _____

Address _____

Address _____

City _____

State _____

City _____

State _____

Zip _____

Zip _____

Attention _____

Attention _____

Email _____

Email _____

Phone _____

Phone _____



Standard Pricing for the Bellacure OA Knee Treatment Device

Part Number	Description	Price
10301	bellacure standard xsmall 1	\$ 459
10302	bellacure standard xsmall 2	\$ 459
10303	bellacure standard xsmall 3	\$ 459
10304	bellacure standard xsmall 4	\$ 459
10305	bellacure standard small 1	\$ 459
10306	bellacure standard small 2	\$ 459
10307	bellacure standard small 3	\$ 459
10308	bellacure standard small 4	\$ 459
10309	bellacure standard medium 1	\$ 459
10310	bellacure standard medium 2	\$ 459
10311	bellacure standard medium 3	\$ 459
10312	bellacure standard medium 4	\$ 459
10313	bellacure standard large 1	\$ 459
10314	bellacure standard large 2	\$ 459
10315	bellacure standard large 3	\$ 459
10316	bellacure standard large 4	\$ 459
10317	bellacure standard xlarge 1	\$ 459
10318	bellacure standard xlarge 2	\$ 459
10319	bellacure standard xlarge 3	\$ 459
10320	bellacure standard xlarge 4	\$ 459

Bellacure L Code Recommendations

Bellacure OA Knee Treatment Device			
		Ceiling	Floor
L1843*	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	\$897.00	\$673.04
L2810*	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	\$81.76	\$61.32

Bellacure OA TD Skin (replacement only)			
		Ceiling	Floor
L2820*	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE	\$90.91	\$68.18
L2830*	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE	\$98.35	\$73.76

*It is the provider's sole responsibility to verify the accuracy of the HCPCS code(s) used, determine the applicability to each patient, and fulfill the medical necessity and claims documentation requirements. Bellacure, Inc. assumes no responsibility or liability for the provider's actions.