Issued Date:

Statement for Insurance Reimbursement *(Super-Bill)*

Provider

Full Name:

Business Name:

NPI Number:

License Number:

Business Adress:

Patient

Full Name:

DOB:

Address:

Insurance Company: Group Number:

ID Number:

DX: Diagnosis codes

- ☐ **M26.603** - Bilateral Temporomandibular joint disorder unspecified
- ☐ **M62.83/M62.828** - Muscle Spasm
- ☐ **M26.51**- Abnormal closure of mandible
- ☐ **M26.601**- Right Temporomandibular
- ☐ **M26.602**- Left Temporomandibular joint
- ☐ **M26.4** – Malocclusion
- ☐ **G47.63**- Bruxism/Clenching
- ☐ **G43.909** – Migraine
- ☐ G44.2 – Tension – Type Headache

TX: Treatment codes

	Date	Service Code	Description	Unit(s)	Fee
☐		**99203**	Office or other outpatients visit for the evaluation		
☐		**70486**	Computer tomography, Maxillofacial area		
☐		**E0730/E0720**	ULF TENS (Transcutaneous electrical nerve stimulation)		
☐		**95868**	Electromyography procedures/EMG		
☐		**21299**	Myoaligner Device (FDA Cleared)		
☐					
☐					

Total Charges: $ 0.00

Note:

Signature: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
See PRA Statement below.

510(k) Number *(if known)*
K230548

Device Name
Myoaligner Appliance

Indications for Use *(Describe)*
For protection against teeth grinding, bruxism, and jaw clenching; protection of restorations from injury due to bruxism or clenching; relief of bruxism related headaches, migraines and pain; short-term relief from muscle spasm due to occlusal interference; prevention of chronic tension and temporal mandibular joint (TMJ) syndrome that is caused by chronic jaw clenching of the mandibular and maxillary teeth by the temporalis muscles; and temporary treatment of temporal mandibular disorder (TMD) along with the relief of associated headaches and pains in adults 18 years of age or older.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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