DJO GLOBAL: CMF LIMITED GUARANTEE PROGRAM

PATIENT CERTIFICATE OF ACKNOWLEDGEMENT

If a patient has a non-healing fracture, or fusion of the spine that fails to heal, and the patient meets the requirements of the DJO Limited Guarantee Program set forth below, the patient may be eligible for a refund of the patient's payment amount paid to DJO Global for their OL1000 or SpinaLogic bone growth stimulator. Please be advised that if DJO was not the direct supplier of the device to the patient (i.e., it was sold by a physician or another 3rd party), the patient does not qualify under the Limited Guarantee Program. If the patient wishes to participate in this program, the requirements below must be met. *It is within the sole discretion of DJO to determine if a patient qualifies for this program.*

QUALIFYING LIMITED GUARANTEE PROGRAM REQUIREMENTS

1) The device must be prescribed for an FDA-approved indication as listed in the physician manual.
2) The Patient Certificate of Acknowledgement form must be completed and signed by the patient (to signify the patient's understanding of the terms and conditions of the program) and returned to DJO within one year of device activation.
3) It is the responsibility of the patient to have his or her treating Health Care Professional (HCP) complete and sign the HCP Acknowledgement of Non-Healing form and return to DJO within one year of device activation.
4) Claims made under the CMF Limited Guarantee Program must be filed within 1 year of the date initial treatments began with the CMF device.
5) The device must not have been altered or rendered inoperative in any way, and must be returned to DJO in accordance with the instructions below.
6) The patient must be at least 89% compliant with using the device (verified by the device treatment record) after a period of 270 days have elapsed from the date the device was first activated.
7) A radiographic assessment conducted by an HCP must be taken within the 30 days before or after the 270th day from the date the patient began using the CMF device. The treating HCP must certify that the radiograph showed incomplete healing on the HCP Acknowledgement of Non-Healing form.

HOW TO INITIATE THE CMF LIMITED GUARANTEE PROGRAM.

1) Contact DJO Patient Care Specialist at 800-982-0891 to file your claim.
2) Complete the Patient Certificate of Acknowledgement and have the treating HCP complete the HCP Acknowledgement of Non-Healing in full, and submit the forms to DJO via one of the following methods:
   Fax: 651-331-2682
   Email: LGP@DJOGlobal.com
   Mail to: 599 Cardigan Rd. St Paul, MN 55126.
3) The DJO Patient Care Specialist will issue you an ARS shipping label to return your CMF device.
4) Mail your CMF device using the ARS label provided. Please note, CMF devices mailed to DJO will not be returned. You may track the shipment of your return using this website: http://www.ups.com/tracking/tracking.html
5) The DJO Patient Care Specialist team will notify the patient within 7-14 business days as to whether he/she qualifies for the program and if a refund of the patient payment amount is approved.

Disclaimer: DJO Global's sole obligation under this program is to process the reimbursement described above when the specified requirements are met. In respect to the CMF Limited Guarantee Program, DJO Global makes no other warranty, representation, promise or guarantee, either express or implied, with respect to the OL1000/SpinaLogic product, related to technical support, quality, performance, merchantability or fitness for a particular purpose, and all such representations and warranties are excluded and disclaimed. DJO Global is not responsible for lost, delayed, misdirected or improperly addressed claims.

DJO Global reserves the right to modify or discontinue this program at any time. Qualification in the Limited Guarantee Program is determined by DJO at its sole discretion. Any refund deemed applicable is limited to patient amount paid to DJO.

TO BE COMPLETED BY PATIENT:

By my signature below, I understand and agree to the terms and conditions of the DJO Global CMF Limited Guarantee Program and this Patient Certificate of Acknowledgement form.

Patient Signature _____ **Printed Patient Name** _____

Date _____ **CMF Device Serial Number:** _____ **Patient Email Address:** _____

Treating Physician's Name _____ **Phone** _____

Physician's Address _____ **City** _____ **State** _____ **Zip** _____

Please make a copy of this completed form for your own records.

DJO, LLC • A DJO Global Company • T: 800.932.7695 • F: 651.331.2682 • 599 Cardigan Road • St. Paul, MN 55126 • www.djoglobal.com/CMF