WOMAN'S CHOICE PROGRAM® CLAIM SUBMISSION FORM

The Motiva® Woman's Choice Program® (the "**Program**") allows WCP Participants with Ergonomix2® ("**Implants**") the ability to obtain up to $1,500, or the local currency equivalent amount (the "**Program Credit**") towards a procedure for Implants explantation (the "**Explant Procedure**"). WCP Participants are eligible to claim Program Credit for a period of two years from the date of the original implantation of Qualified Implants. The Program Credit can be directed to either the WCP Participant or the Explanting Clinician, as indicated in Schedule 2 to this claim form. To claim the Program Credit amount, this claim form along with Schedule 1 & 2 must be completed as directed below.

This completed and signed claim form must be submitted to Establishment Labs S.A. ("**ELSA**") via https://motiva.health/surgeons-contact/ together with a signed pre-explantation report to be attached in the form set out in Schedule 1 by a certified medical professional. This Schedule 1 report should confirm (1) the WCP Participant is a suitable candidate for the removal of the Implants, (2) the proposed date and location of the explantation, and (3) the contact information of the Explanting Clinician. Once this completed claim form and pre-explantation report are received, ELSA will respond within fifteen (15) business days and either (1) approve the claim, (2) reject the claim or (3) clarify or request any missing information.

The Program Terms & Conditions shall govern the relationship between ELSA, Explanting Clinician, and WCP Participant under this claim form. As such, terms not defined herein shall have the meaning ascribed in the Program Terms & Conditions. Compliance with all Program Terms & Conditions will be necessary for a claim to be approved by ELSA. These terms and conditions can be found at https://motiva.health/terms-conditions-wcp/.

WCP Participants who have a complaint relating to Implants should not file the complaint using this claim form and should instead file via ELSA's standard complaint form accessible at https://motiva.health/patients-contact/.

By completing and signing this claim form, the Explanting Clinician and WCP Participant both represent and warrant that:

1. The Explant Procedure is not being conducted with the purpose of providing replacement implants.

2. The cost of the Explant Procedure is not being covered by social, public or private insurance, a reimbursement system or any similar scheme.

The Explanting Clinician further represents and warrants that:

1. The Explanting Clinician is solely responsible for making clinic decisions in the best interests of the WCP Participant, having regard to their clinical judgment and irrespective of the prospective payment of the Program Credit to the Explanting Clinician.

2. The Explanting Clinician will confirm with ELSA that the Qualified Explantation indicated in the pre-explantation report was completed. The Explanting Clinician will confirm by sending a record of the completed procedure to ELSA's customer service department via the support ticket opened for the applicable claim.

If this claim is approved and ELSA receives confirmation that the explant procedure was performed, the Program Credit will be transmitted to the contact details provided in the attached Schedule 2 Beneficiary Form, which will indicate whether the Program Credit will go to the WCP Participant or Explanting Clinician (as agreed between WCP Participant and Explanting Clinician) within sixty (60) calendar days of ELSA approval. The Schedule 2 Beneficiary Form can be sent to https://motiva.health/surgeons-contact/ along with this signed claim form and pre-explantation report.

Implant Information (Please have Explanting Clinician assist to fill out the information required below)

Date of original implant procedure	
Details of the surgeon who carried out the original implant procedure	
Device Reference	
Device Series No.	
Volume	
Base	
Projection	
Expiration Date	
Type	
Reason for Removal: Please provide detail	

Note: all sections must be populated before ELSA considers the claim.

Signatures:

Explanting Clinician

Signature: …….. Institution: ……

Name: ……. Date: ……

WCP Participant

Signature: ……..... Date:…….

Name: …….

Explanted Implant Return:

ELSA requests that each WCP Participant/Clinician send back explanted Implants to ELSA after the explantation procedure. Explanting Clinicians will ensure to state in the comments section of the return form that the Implants were removed pursuant to a claim for the Woman's Choice Program® and follow the instructions for return entitled **"Returned Devices Handling Protocol"** at https://motiva.health/documents/surgeons-digital-complaint. Please sign below **only to indicate** that you will not be returning the explanted Implants to ELSA.

WCP Participant Signature: ……..... Date ……

Explanting Clinician Signature: …….. Date …….

SCHEDULE 1: FORM OF PRE - EXPLANTATION REPORT (TEMPLATE)

Patient suitable for implant removal?	YES/NO
Date of explantation (dd-mm-yy)	
Location of explantation	
Contact details of Explanting Clinician - Name - Email - Phone number	

Establishment Labs

SCHEDULE 2: Beneficiary Form

Number: FIN-FORM-14
Version: 1
Date: 12-Aug-19

EXTENDED WARRANTY CLAIM BENEFICIARY FORM

CLAIM REQUEST NUMBER:

Customer Name:
Nombre / Razón Social

Address
Dirección

City
Ciudad

State/Region
State/Region:

Postal Code
Código Postal

Country:
Pais:

Contact Person
Persona Contacto

Phone:
Phone:

Email Address
Dirección de Correo:

CLAIM REASON

Reason
Razón del Reclamo:

FINANCIAL INSTITUTION INFORMATION

Bank Account 1 - Beneficiary Bank Information

Name of Bank:
Nombre Banco:

Account Number:
Numero Cuenta (17 numeros)

IBAN:
IBAN:

BIC/SWIFT:
BIC/SWIFT:

ABA/Routing:
ABA/Routing:

Currency:
Currency:

Bank Address:
Dirección Banco:

Intermediary Bank Information

Name of Bank:
Nombre Banco:

Account Number:
Numero Cuenta (17 numeros)

IBAN:
IBAN:

BIC/SWIFT:
BIC/SWIFT:

ABA/Routing:
ABA/Routing:

Currency:
Currency:

Bank Address:
Dirección Banco Intermediario:

Email to contact when payment is done
Correo electronico para notificar pago

Comments:
Commentarios:

Customer/Doctor

Signature

Name

Date