

WCP CLAIM SUBMISSION FORM

The Motiva Implants® Women's Choice Program (the "**Program**") allows WCP Participants or the Explanting Clinician to obtain up to \$1,500 or the local currency equivalent amount (the "**Program Credit**") towards a procedure to explant Motiva Ergonomix2 Implants ("**Implants**") (the "**Explant Procedure**"). To claim the Program Credit amount, please complete and sign this claim form as directed below.

This completed and signed claim form must be submitted to Establishment Labs S.A. ("**ELSA**") via <https://motiva.health/patients-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 suitable for 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 Qualified Implants should not file complaints using this claim form and should instead file such complaints 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 following details of the WCP Participant or Explanting Clinician (as agreed between WCP Participant and Explanting Clinician) within sixty (60) calendar days of approval.

Payee Name	
Sort Code	
Account Number	
Bank	
Reference	

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	
Please describe the reason for this submission	

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

Signatures:

Explanting Clinician
Signature:

Institution:

Explanting Clinician
Name:

Date:

WCP Participant
Signature:

WCP Participant
Name:

Date:.....

Explanted Implant Return:

ELSA encourages WCP Participant/Clinicians to send explanted implants back to ELSA after the explantation procedure. ELSA will cover or reimburse all shipping costs incurred by the sender. By signing below WCP Participant and Explanting Clinician agree to send back explanted Implants to ELSA as soon as practicable by following the instructions entitled “**Returned Devices Handling Protocol**” at <https://motiva.health/documents/surgeons-digital-complaint>.

WCP Participant Signature: Date

Explanting Clinician Signature: Date

SCHEDULE 1: FORM OF PRE - EXPLANTATION REPORT