

**SLEEP WELL, INC.**

**SUPPLY REPLENISHMENT AUTHORIZATION**

41 ACME RD. SUITE 6, BREWER, MAINE 04412 992-2660 FAX: 992-2661 T.F. 1-877-546-9732

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supplies for use with your CPAP or BiPAP® device play a vital role in your ability to remain compliant with your therapy, thereby receiving the maximum therapeutic benefit and reducing the long term health risks.

Mask leaks can develop over time with continuous use and repeated cleaning, therefore, monthly replacement of cushions is recommended. Most insurances follow Medicare guidelines for replacing these medically necessary supplies as follows:

EVERY SIX MONTHS

COMPLETE MASK W/ HEADGEAR  
FILTERS, NON-DISPOSABLE  
CHIN STRAP

EVERY 3 MONTHS

6 FT. CORRUGATED TUBING

EVERY MONTH

MASK CUSHIONS  
DISPOSABLE FILTERS

ALL SUPPLIES DISPENSED AS PER INSURANCE GUIDELINES

**PLEASE NOTE:** CPAP/BiPAP® manufacturer's may void the device warranty if internal damage/failure is due to the filters not being changed as per their recommendations. If water damage causes the device failure due to improper handling or moving when the water chamber is full and attached, the warranty may be void. \_\_\_\_\_ **INITIALS**

Place **INITIALS** next to the option you prefer below:

\_\_\_\_\_ ALL SUPPLIES AS RECOMMENDED PER INSURANCE GUIDELINES EVERY 1,3, AND 6 MONTHS OR 90 DAYS

\_\_\_\_\_ ALL SUPPLIES ONLY EVERY 3 MONTHS

\_\_\_\_\_ ALL SUPPLIES ONLY EVERY 6 MONTHS

\_\_\_\_\_ ALL SUPPLIES ONCE PER YEAR

**MEDICARE RECIPIENTS, PLEASE BE AWARE:** IN ACCORDANCE WITH MEDICARE RULES, BY YOUR SIGNATURE ABOVE, SLEEP WELL CAN CALL YOU PRIOR TO SENDING SUPPLIES. IF WE DO NOT MAKE PHONE CONTACT WITH YOU AND NEED TO LEAVE A MESSAGE, YOU WILL NEED TO CALL BACK TO CONFIRM THE SUPPLY SHIPMENT. PLEASE CALL BACK BETWEEN THE HOURS OF 9-12 OR 1-4:30 PM.

\_\_\_\_\_ **INITIALS**

**PRIVATE INSURANCES**

INSURANCE CO-PAYS, ACCOUNT BALANCES, AND SUPPLY SHIPPING COSTS OF \$4.00 - \$7.00 CAN BE CHARGED TO YOUR DEBIT/CREDIT CARD AS PER THE CREDIT CARD PAYMENT AGREEMENT.

\_\_\_\_\_ **INITIALS**

**A \$15.00 SHIPPING FEE WILL BE REQUIRED WHEN RETURNING ANY PATIENT OWNED EQUIPMENT TO VENDER FOR REPAIR ESTIMATE.**