

**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

You do not need to be an established CPAP or Bi-PAP® client of Sleep Well to receive your necessary supplies. Simply have your Primary Care Physician review and sign the **SUPPLIES ONLY ORDER REQUEST**. Either fax or bring that form to the Sleep Well office to begin services.

Supplies for use with your CPAP or BiLEVEL® 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 guideline for replacing these medically necessary supplies (*other insurances may vary*).

- EVERY SIX MONTHS**  
COMPLETE MASK W/HEADGEAR  
FILTERS, NON-DISPOSABLE  
CHIN STRAP
- EVERY 3 MONTHS**  
6 FT. CORRUGATED TUBING
- EVERY MONTH**  
MASK CUSIONS  
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.

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

- \_\_\_\_\_ All supplies as recommended per insurance guidelines every 1,3 and 6 months
- \_\_\_\_\_ All supplies ONLY every 3 months
- \_\_\_\_\_ All supplies ONLY every 6 months
- \_\_\_\_\_ I will notify Sleep Well when I'm in need of replacement supplies
- \_\_\_\_\_ Yearly phone call to confirm use and supply replenishment

PRINTED NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDICARE RECIPIENTS PLEASE BE AWARE:** In accordance with Medicare rules, you will receive a phone call prior to the supplies being shipped to you. 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. If you call on the weekend or after business hours, you can leave your message with our answering service as to whether or not you want the supplies shipped. \_\_\_\_\_ **INITIALS**

**MEDICARE WANTS TO KNOW MONTHLY IF YOU ARE USING AND BENEFITTING FROM THERAPY. IF YOUR RETURN CALL GOES TO THE ANSWERING SERVICE, THEY WILL ASK THE SAME QUESTIONS.**