

SLEEP WELL, INC.

TRANSFER OF SERVICES

41 Acme Rd. Suite 6, Brewer, Maine 04412 992-2660 Fax: 992-2661

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Patient Address: _____ City: _____ Zip _____ Phone: _____

Notification of New Supplier:

As of this date, ____/____/_____, I am no longer receiving supplies or services from the

DME company known as: _____ Address: _____

From this date forward, my supplier of PAP equipment and supplies, which includes, filters, masks, headgear, cushions, tubing, humidifier chamber, chin straps, is Sleep Well, Inc.

Client signature: _____ Rep: _____

Previous Provider Information:

Previous Provider Name: _____

What was the initial start date for your PAP equipment? _____

What supplies did the previous supplier provide for the customer? _____

What was the date of service for the last supplies received from the previous provider? _____

What was the Billing Cycle Date? _____

Please forward a copy of the CMN or Prescription, Compliance Reports and Sleep Studies to the fax number listed above.

Medicare Beneficiary's

Has the equipment been purchased, still renting or a capped rental? _____

If capped, what date: _____

Did you sign a Medicare "rental option" for Maintenance and Services? _____

By calling 1-800-633-4227, they will tell the **beneficiary** when the last supplies/device was billed.

Please Note: In the event your previous supplier, _____ has received payment for your equipment and/or supplies and Sleep Well provides you with new supplies, you are financially responsible for duplicated services/items.

Thank you very much for providing the above information.