

Sleep better, live longer.SM

Made Easy!

Name: _____ Date of birth: _____

Set-up date: _____

Patient Replacement Supply Program (PRSP)

I, _____ (initial) would like Nocturna Sleep Therapy (NST) to mail replacement supplies to my residence at the available frequency approved by insurance. I realize the replacement supplies I receive will be subject to the mask and machine model and manufacturer that are currently on file. The frequency and schedule for replacement supplies will be every 3 months for all supplies except the mask interface and chamber. The mask interface and chamber will be shipped on a 6 month basis. If I would like to cancel this service I understand it is my responsibility to notify NST of these changes. You will begin to receive your supplies 6 months from today's date; shipping will occur on a quarterly basis. I understand that the supplies I receive will be subject to the Deductible and Coinsurance requirements and reimbursement of my insurance plan. I am aware many insurance plans require varying waiting periods before patients are eligible for replacement supplies.

Please send me text messages/reminders to my cell phone — Cell phone: _____

Please send me email messages about replacement supply reminders, product updates, newsletters and trend and market data for sleep patients — Email address: _____

Pressure Setting:

CPAP/Bi-Level pressure of: I _____ E _____ cm H₂O. Ramp: _____ minutes

Please notify your doctor if any of the following apply:

- Use CPAP/Bi-Level with untreated/undiagnosed lung condition: COPD, Emphysema, TB
- Use CPAP/Bi-Level with severe nasal congestion
- Use of CPAP/Bi-Level while receiving treatment for any other disease
- Excessive daytime sleepiness despite use of CPAP/Bi-Level treatment
- Excessive dryness despite use of heated humidification
- * No reduction of symptoms within 30 days of using CPAP/Bi-Level device

Please notify Nocturna Sleep Therapy if any of the following problems occur:

- Device pressure problems (pressure feels too strong (or too much), or as if it's not getting enough pressure)
- Pressure sores from mask, due to improper fit or maladjustments
- Worn or defective equipment
- Additional education issues
- Drastic weight loss or gain
- Reorder of supplies
- Cleaning issues or questions regarding cleaning of equipment

Common symptoms of CPAP/Bi-Level use: (symptoms can last up to 3 weeks)

- Pressure/popping of the ears
- Nasal congestion
- Facial irritation
- Bloating or feeling of air in stomach

Client signature or authorized representative* _____

_____ Date

Witness/Technician signature _____

_____ Date

NOCTURNA
Sleep therapy

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