

Sleep better, live longer.SM

Made Easy!

Please sign me up!

Name: _____ Date of birth: _____ Male Female

Phone: _____ Social security number: _____

Work phone: _____ Fax: _____

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: _____

Address: _____

City: _____ State: _____ Zip: _____

Referring physician: _____

Primary Care Physician (if different from above): _____

Primary Insurance

Name of Insurance Company: _____

Subscriber: _____ Date of birth: _____ Social security number: _____

Relationship to patient: Self Spouse Parent Legal Guardian

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.

Signature: _____ Date: _____

NOCTURNA
Sleep therapy

A **Graymark** Healthcare Company

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