



California Sleep Solutions

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AUTOMATED SUPPLY PROGRAM ENROLLMENT FORM

It is important for both the ongoing success of your therapy and the maintenance of your device to replace your supplies regularly. In order to ease the hassle of reordering supplies every three months we are now offering an Automated Supply Refill Program.

Our new program will ensure that your supply order is **ready to ship** on the day that you are eligible to receive your supply refill, eliminating the usual processing time. When you enroll in our Automated Supply Refill Program we will process all future orders for automatic shipments on the day of your eligibility.

EVERY 3 MONTHS

- 1 mask with headgear
- 1 6ft tubing
- 6 disposable filters
- 3 cushions for full face masks *or* 6 pillows/cushions for nasal masks

EVERY 6 MONTHS

- 1 water chamber
- 1 chinstrap *(if applicable)*
- 1 non-disposable filter *(if applicable)*

Your automated supply refill orders will contain all of your eligible PAP supplies four times a year with **free shipping**.

While enrolled in this program if you ever receive an incorrect item or equipment you do not need you may return the unopened item to us within seven days for a full refund.

By signing below I authorize California Sleep Solutions to send me the PAP supplies I am eligible for every three months. I acknowledge that I am responsible for updating my insurance information, contact information (including shipping address), and treating physician in the event of any changes. I will be responsible for any balance deemed patient responsibility by my insurance when the claim is processed.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____