

C-pap central Fee Education Form

Patient: _____ Pt ID: _____

Rental/Purchase Agreement:

Your machine will be billed as a

Rental
Months: _____

Your insurance determines if your equipment will be paid as a onetime sale or if it will be rented monthly. Insurance does not guarantee payment until the claim is received and any quote provided is subject to change once the claim is processed by your insurance.

Purchase

Deluxe Item Upgrades/Fees:

CPAP Central offers products that are fully covered by your insurance. By signing below, you are acknowledging that you are requesting an item(s) that is costlier than a standard item that is designed to meet your sleep therapy needs. You will be charged a deluxe item fee each time you select to receive an item that is not a standard choice. CPAP Central will bill your insurance for the item but the deluxe fee is a separate fee that will not be billed to your insurance. The itemized deluxe product description and charges have been reviewed prior to the receipt of the deluxe product and is documented on CPAP Central's signed delivery ticket. If you do not want to pay for a deluxe item, CPAP Central offers several fully covered options to choose from and you should not initial below.

(Initial Here)

I request deluxe products and agree to pay a deluxe fee for the item(s) that I have received. I understand that the deluxe fee is not covered by insurance and is in addition to any coinsurance and/or deductible amount not paid by my insurance.

Machine Warranty:

- 2-year warranty for normal wear and tear (Patient abuse/neglect not included in warranty)
- Deposit required for loaner equipment while patient owned equipment is being repaired (if warranty has expired)
- You may elect to purchase a replacement machine at any time to avoid repair charges/repair wait time

Prescription Requirements:

(Initial Here)

I elect to receive my supplies/equipment prior to CPAP Central's receipt of my insurance required medical documentation. Should CPAP Central be unable to obtain the documentation required to bill my insurance, I understand I will be financially responsible for the supplies/equipment.

Signature

Date

If you have questions, please call 614-842-2136

Thank you for choosing CPAP Central!