



Supply Replenishment Form

Patient: _____ Pt ID: _____

Automatic Prescription Refill

Your doctor has prescribed ongoing supply refills so that you may replace your supplies regularly. It is recommended you replace your disposable supplies to prevent infections and ensure optimal results. CPAP Central will automatically ship your supplies based on your insurance's schedule.

- ✓ You are responsible for any co-pays, deductible, and upgrade amounts applied after insurance has reviewed your claim.
- ✓ It is your responsibility to report any address or insurance change to CPAP Central.
- ✓ It is your responsibility to notify CPAP Central if you need to make changes to your order(s) or discontinue enrollment in the program.
- ✓ You understand that the Standard Shipment Program is not available if you have United Health Care coverage.

I am opting out of the Automatic refill program _____
(Initial Here)

CPAP Central will contact you every three months to follow up on your therapy and discuss your need for supply replenishment if your insurance does not allow automatic prescription refills or you have opted out of the program.

I am opting in to receive text reminders when it is time to reorder my supplies _____
(Initial Here)

Cell Phone Number _____

CPAP Central does not sell customer contact information. By enrolling in the text option, you agree to receive text messages from CPAP Central. regarding your medical equipment and/or CPAP Central account. You may opt out at any time. Text/data rates may apply.

Email Address _____

Be sure to check your spam filter!

If you do not provide us with an email address or opt in for text messages, you will receive an automated phone call when you are eligible for your supplies.

Most insurance companies replace supplies on a quarterly basis, based off of this schedule:

Supply	Quantity	Frequency
Mask	1	3 Months
Headgear	1	6 Months
Nasal Pillows or Cushions	2	1 Month
Full Face Cushions	1	1 months
Tubing	1	3 Months
Disposable Filters	2	1 Month
Pollen or Reusable Filter	1	6 Months

Signature _____ Date _____

If you have questions, please call C-PAP Central at 614-842-2136

Thank you for choosing C-PAP Central!