 **CPAP Supply Membership Enrollment Form**

**Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Membership Enrollment: \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

I request to be added to the CPAP Supply Membership program. I acknowledge this membership includes free shipping of my quarterly CPAP supplies for one year, one free mask per year, and 1 yearly CPAP detail service. X\_\_\_\_

I understand that these supplies are shipped based on the schedule of replacement disposable equipment per manufacturer recommendations and that they will be sent without me calling Northwest Pulmonary and Sleep Medicine to request the shipment. X\_\_\_\_

I understand that these items are billed through my insurance company, but that I may be responsible for costs incurred to me by coinsurance or deductible (depending on my individual insurance plan). I understand that my credit card on file will be charged for any amount due to me on a monthly basis. X\_\_\_\_

I understand that I am responsible for paying the $60 yearly membership fee. I understand that I may cancel my membership at any time, however my membership fee is nonrefundable. I understand that supplies received are nonrefundable. X\_\_\_\_

I understand that each shipment will contain 3 months’ worth of supplies, however the supplies will be billed monthly, per my insurance requirements. I will receive a bill for each month even if supplies are not physically sent to me. X\_\_\_\_

\*The estimated cost of a six-month CPAP supply order will be around $530.00 or less, pending insurance coverage. Self-pay pricing is available for patients that chose not to use insurance.

Credit card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP Date\_\_\_\_\_\_\_\_\_\_\_\_ CVV\_\_\_\_\_\_\_

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Signature Date

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NWPSM representative Date