



BOARDMAN
(330) 758-0595
Fax (330) 726-2229

CANTON
(330) 492-4300
Fax (330) 492-7886

EAST LIVERPOOL
(330) 385-6412
Fax (330) 385-3255
(by appointment only)

GIRARD
(330) 545-6700
Fax (330) 545-5555

BEACHWOOD
(330) 998-6012
Fax (330) 998-6616
(by appointment only)

WARREN
(330) 395-7252
Fax (330) 373-1190
(by appointment only)

(330) 545-6700
Fax (330) 545-5555
Toll Free (800) 443-3390
Toll Free Fax (800) 952-5352

**CPAP RE-SUPPLY
ENROLLMENT
AGREEMENT**

WWW.BOARDMANMEDICALSUPPLY.COM

Boardman Medical Supply is offering you the opportunity and convenience to receive your supplies on a regular, ongoing, basis without you having to initiate the order every time. Your supplies will be sent directly to you on either a quarterly or semi-annual basis (with no additional shipping or handling fees), to help you receive effective PAP therapy and maintain compliance.

Date: _____ Insurance ID #: _____ Insurance Provider: _____

Patient Name (Please Print): _____

Patient Phone #: _____

Email: _____

Address: _____

Current Mach/Mfg/Model: _____

City, State, Zip: _____

Mask Style/Size: _____

DELIVERY OPTIONS

Check the appropriate enrollment plan below:

3 MONTH OPTION - Please ship my eligible PAP supplies every 3 months. Each order includes:

- 1 Mask or Pillow Interface
- 1 Tubing
- 6 Disposable filters for the PAP unit
- Extra cushion(s) nasal or full faced, based on your insurance allowable
- Every 6 Months: 1 Headgear
- (if applicable *): 1 Chinstrap and 1 Non-Disposable Filter for the PAP unit.

6 MONTH OPTION - Please ship my eligible PAP supplies every 6 months. Each order includes:

- 1 Mask or Pillow interface
- Extra cushion(s) nasal or full faced, based on your insurance allowable
- 1 each: Headgear, Tubing
- 6 Disposable filters for the PAP unit
- (If Applicable *) 1 Chinstrap and 1 Non-Disposable Filter for the PAP unit.

* See the accompanying replacement schedule that is allowed by most insurance plans. Please note that the supplies actually included in your replacement package will be governed by your insurance plan, and may be different than those listed on the attached schedule. Also be aware that replacement schedules are subject to change based upon physician orders, patient medical condition, and the discretion of your insurance company. Patients who wish to order supplies more frequently or order different supplies may contact Boardman Medical Supply.

AGREEMENT

With my signature, I authorize Boardman Medical Supply to send me PAP supply shipments at the interval indicated above. I understand that I am responsible for any portion of the cost not covered by my insurance plan, including applicable co-insurance and deductibles, and, that I must communicate any changes to my insurance coverage to Boardman Medical Supply as soon as possible. All insurances will be verified prior to shipment. Boardman Medical Supply requires a valid credit card on file to cover co-insurance and deductibles for regular supply shipments. I further understand that the re-supply order enrollment plan is not available to patients with certain payors, such as Medicare, Medicaid, managed Medicaid, or TriCare. You may cancel your re-supply ordering enrollment plan at any time by calling 800-443-3390.

PATIENT/REP SIGNATURE: _____ Relationship to Patient: _____

Please sign and mail this completed form to:
BOARDMAN MEDICAL SUPPLY
Attn: Re-Supply PAP Enrollment
300 N. State St.
Girard, OH 44420