

Everything CPAP Plan of Service

Assessment:

- ☐ No ☐ Yes Emergency contact needed.
- ☐ No ☐ Yes Concern of safety, safety in the home, or ability to operate PAP safely.
- ☐ No ☐ Yes HIPAA Form and Welcome Letter furnished and reviewed.
- ☐ No ☐ Yes Access to internet and Everything CPAP website, <https://www.everythingcpap.com> to obtain patient information.
- ☐ No ☐ Yes Current PAP user: Years _____ Model _____ SN _____ Mask _____ Size _____

Interactions & Goals:

- ☐ Patient was instructed on the safe use, cleaning, and storage of equipment and verified by return demonstration.
- ☐ Patient is aware of insurer requirements of 4-hour minimum nightly use at least 70% of the time within a 30-day period to ensure coverage from the insurance provider. Patient will implement safe use, storage, and cleaning of equipment per manufacturer specifications as outlined in the user manual including but not limited to not adjusting the pressure setting as prescribed by your medical provider or attempting any repair. Place the machine in a well-ventilated environment away from direct light and secured where it will not fall or cause injury i.e., children, pets.
- ☐ Clean the components (tubing, headgear, water chamber etc.) at least once per week with a mild hand soap or 3:1 water-vinegar solution. Cushions/pillows should be washed by hand daily. The air-inlet filter should be checked regularly and replaced/cleaned when dirty. If using a humidifier, replace the distilled water daily. Unplug the machine before cleaning and do not use alcohol/bleach.

☐ **Returns and Warranty Information:** I, the undersigned, acknowledge that only unused, unopened equipment and supplies may be returned and must be returned within 30 days of the invoice date if in resalable condition, and must not be a disposable supply item. If a replacement supply is received in error, the item(s) are returnable within 30 days of the invoice date if in unopened, resalable condition. Rental items returned between billing cycles will not be prorated unless contractual provisions have been established by my insurance provider. Non-functioning rental equipment will be repaired or replaced at no charge. On purchased items, we honor the manufacturer's warranty and will coordinate their help, if needed. Travel CPAP devices are non-refundable and subjected to manufacture warranty. I acknowledge that I am liable to Everything CPAP for rental equipment/supplies that are damaged, misused, or lost. I also acknowledge that Everything CPAP is not the manufacturer of the equipment or the manufacturer's agent and that Everything CPAP makes no express or implied warranty of any kind whatsoever with respect to the equipment, all of which are hereby expressly disclaimed, including but not limited to: condition of the equipment; the quality or capacity of the equipment; compliance of the equipment with requirements of any law, rule, specification or contracts thereto; patient infringement; or latent defects.

☐ **Authorization to Assign Benefits & Release of Information:** I, the undersigned, request insurance payment(s) be made on my behalf to Everything CPAP for any products or services I receive. I authorize Everything CPAP to release any information needed to determine benefit information to insurance payers or other providers involved in my care. I authorize my insurance provider to furnish Everything CPAP with any related claim information including an explanation of benefits for products or services I receive. If applicable, I will be furnished with a list of all recipients upon request. I further authorize use of a copy of this agreement to be used in place of the original. I also allow the disclosure of my protected health information to the following: _____ Relationship _____

☐ **Rights & Responsibilities:** I, the undersigned, have the right to receive considerate, respectful service regardless of race, creed, religion, and sex or payment source. I have the right to participate in or refuse care, choose my provider, and full consideration of privacy in my medical care. I have the responsibility to call 911 for emergencies and (208) 323-6090 for urgent, therapy related after-hour concerns. I also understand I can request a full list of my rights and responsibilities at any time and be furnished with a copy or visit the company's website at <http://rights.everythingcpap.com>

☐ **Connect Replacement Supply Program:** I accept responsibility for all shipping and handling charges where contractual provisions have not been established by my insurance provider. *Everything CPAP will mail replacement supplies only after receipt of verbal or written request. Supplies received in excess of the standard insurance replacement schedule (below) may not be eligible for benefit coverage. Supplies are subject to your deductible and co-payment; eligibility does not guarantee payment for services.*

- 30 days: 1 full face cushion or 2 replacement cushions or pillows, 2 disposable filters
- 90 days: heated tubing, mask/frame (not including headgear)
- 180 days: headgear, chinstrap, reusable filter, water chamber

☐ **Medicare Supplier Standards/ABN/ANN:** The products and/or services provided to you by Everything CPAP, LLC are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gov>. Upon request we will furnish you a written copy of the standards or abbreviated version can be found at <http://rights.everythingcpap.com>. An Advanced Beneficiary Notice or Advanced Notification of Noncoverage may be used if there is a potential for insurance to deny payment for service.

Patient/Guardian Name (print): _____ (signature) _____ Date: _____

Everything CPAP Signature: _____ Date: _____