

RE-SUPPLY ATTESTATION FORM



PATIENT NAME _____

DOB _____

Insurance ID _____

INSTRUCTIONS

Some insurances have policies in place that require a request (verbal or written) for re-supply of medical supplies including but not limited to; CPAP and Diabetic Test Strips. As a practice, our company does not "auto ship" supplies without a verbal request or written confirmation. Certain items such as CPAP supplies have a predictable wear pattern and you may be placed on a schedule for your supplies to be shipped to your home or prepared for pickup. **Medicare and Medicaid** patients are not eligible for auto shipment. Certain other restrictions apply including an account must be current and associated prescriptions must be valid. In addition, compliance metrics must be met (using your prescribed device as intended by the ordering Physician). Please complete this form by choosing the items you would like to have available when eligible and sign and date the section below. ***IMPORTANT- You can cancel or modify this request at any time.***

CPAP MASK

- Replace Mask
- Provide Nasal Pillows qty _____
- Provide interface seals for mask
- Provide headgear
- Provide CPAP tubing
- Provide Disposable Filters qty _____
- Provide reusable filters qty _____
- Provide Humidifier Chamber

CUSTOMER SPECIAL INSTRUCTIONS (please use this space to notify or advise of any special request)

Attestation:

The items selected above are true and accurate to the best of my knowledge.

- I am using my supplies as directed by my Doctor and are faithfully requesting that these supplies be replaced.

Signature of Company Representative _____ Date _____

Signature of Patient _____ Date _____

MAIL to 136 Hurffville-Crosskeys Road, Sewell, NJ 08080, Fax to 856-629-8441, email to Info@corecareonline.com. For Customer Service please call 856-629-0400.