

NOCTURNA

State of the art sleep care

CPAP Supply Replenishment Program



Sleep better, live longer.SM

Important CPAP
Information Inside

This Is Your Resource
For Maintaining Your
CPAP Machine

A Graymark Healthcare Company

Dear **Nocturna** Patient,

By now I hope you've experienced the joys of a good night's sleep and all the benefits that come with it. If you're anything like the thousands of patients we've treated over the years, you may already be wondering how you ever lived without a CPAP or a BiPAP.

The people at **Nocturna** also understand that sleep therapy is not without its pitfalls. The adjustment period for sleeping with a CPAP can be a challenge and keeping up with the maintenance of your machine can be difficult. In fact, you may already be dealing with air leaks in your tubes, straps loosening on your mask, or perhaps you are no longer experiencing the same health benefits you were receiving previously. If this is the case, your machine may be overdue for some general maintenance. But there is no need to worry about hassles or unnecessary expenses. **Nocturna** is here to help.

With the aid of this simple brochure you can research the CPAP supplies you need for therapeutic success, order the items you know need replacing, or join our convenient automated supply program if you feel you're ready.

Thank you once again for choosing **Nocturna** as your sleep therapy provider. As always, if you have any questions about your care, comfort or the supply program, please feel free to contact us at:

OK / TX: (405) 330-1633 / 1-877-817-5337

Nevada: (702) 438-4263 / 1-877-817-5337

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Sincerely,

Steven G. Hull, MD, FCCP, FAASM
President, Nocturna Sleep Centers



Nasal Pillows

Rubber or foam piece that helps seal the mask. Even with normal use these items stretch, crack and wear away, causing leaks which diminish the effectiveness of your therapy.

Recommended Replacement Period: Monthly



Chin Strap

See "Mask & Headgear"

Recommended Replacement Period: 6 Months

Tubing

CPAP tubes are designed to be pliable for greater freedom while you sleep. Unfortunately, this also makes them more likely to tear and leak. They are also a common source for bacterial buildup.



Recommended Replacement Period: 3 Months

Cushion & Seal

Tightening and compression from normal use erodes the seal and diminishes the effectiveness of your therapy. Effective pressure seals are essential to your therapeutic success.



Recommended Replacement Period: Monthly

Filters

Just like the air filter in your home, these items need to be replaced regularly. Failure to do so will cause your CPAP machine to work harder, shortening its life span significantly. Also, like your tubing, filters are a common source for bacterial buildup.

Recommended Replacement Period: 3 Months (Disposable Filters) or 6 Months (Non-Disposable Filters)

Mask & Headgear

Tightening and compression from normal use wears down the seal and diminishes the effectiveness of your therapy. Effective pressure seals are essential to your therapeutic success.

Recommended Replacement Period: 3 Months (Masks) and 6 Months (Headgear)



CPAP SUPPLY ORDER FORM

For Individual Product Orders

**Current insurance and physician information is required on all orders.*

Please mark the box next to each item you are interested in receiving.

Essential Monthly Supplies

- Nasal Pillows (2 Pair) Cushion & Seal

Essential 3 Month Supplies

- Tubing Disposable Filters (x6)
 Mask

Essential 6 Month Supplies

- Headgear Water Chamber
 Chinstrap Non-Disposable Filter

Insurance Carrier: _____

Policy Number: _____

Current Physician: _____

To complete your order, simply detach this section of the brochure, add postage and mail. Nothing more needs to be filled out and no further information is required. Your orders will automatically be sent to your home address. To change the ship-to address on any of your orders, please call us toll free at 1-877-817-5337.

Individual orders will be billed to your insurance company where applicable. **Nocturna** does not guarantee that your insurance policy will cover the cost of your order and you will be responsible for any applicable co-pays.

ENROLLMENT FORM

Nocturna CPAP Supply Replenishment Program

**It is not necessary to fill out this form when placing individual orders.*

To begin service, please fill out the form below. Once enrolled you will receive the CPAP supplies your insurance company, CPAP manufacturer and doctor recommend for replacement. These supplies will be delivered monthly, every 3 months or every 6 months depending on the item (see adjacent panel for details). Also, you will only receive supplies that are available for coverage under the terms of your insurance policy.

Insurance Carrier: _____

Policy Number: _____

Current Physician: _____

Name: _____

Date of Birth: ____/____/____

Signature: _____

Date: ____/____/____

All personal information provided to **Nocturna** falls under the Health Information Portability and Accountability Act (HIPAA) and can not be shared with any unauthorized third party.

To sign up for the CPAP Supply Replenishment Program or to place individual orders over the phone, please call us toll free at 1-877-817-5337.