Respiratory & Equipment

Let us remind you when you are eligible for your supplies

Patient name**_______________________________________ *DOB*_____/______/______**

☐ Auto Ship____________ *Not available for Medicare, Medicaid, or TRICARE

☐ Email____
☐ Text____
☐ Automated Voice Call____

**If you have selected the option to enroll in Auto Ship please complete the bottom portion of this form to complete enrollment. **

New Auto Ship Re-Supply Program

At *FHRE* you have the option to sign up for our *Auto Ship Re-Supply Program.* This program ensures a monthly or quarterly automatic replenishment of your PAP supplies. The monthly or quarterly replenishment depends on your insurance coverage and guidelines.

Supply Frequency for Mail Out:

- Nasal/Full face mask frame (1) every 3 months
- Nasal cushions/Nasal pillows (2) per month or (6) every 3 months
- Full face cushion (1) per month or (3) every 3 months
- Standard/Heated Tubing (1) every 3 months
- Water chamber (1) every 6 months
- Headgear/Chinstrap (1) every 6 months
- Disposable filters (2) per month or (6) every 3 months
- Non Disposable filter (1) every 6 months

Auto ship saves you time and guarantees your supplies delivered right to your doorstep. Sign up today! *If you do not wish to be part of this program we can notify you of supply reminders via phone, text or email*.

Patient name ____ DOB ____________________

Terms and Conditions

I authorize Florida Hospital Respiratory and Equipment to send me auto shipments of my PAP re-supplies. I understand that I am responsible for any payment not covered by my insurance plan, such as deductibles and coinsurance. A valid credit card must be on file to be enrolled in this program. Any coinsurance or deductible that applies will automatically be charged to that card prior to shipment of supplies. I understand that I will only be notified if the payment due is $200 or greater. I am also responsible for updating FHRE with any changes in to my insurance coverage and any address changes. I understand that the Auto Ship Re-Supply Program is not available to patients with insurance plans such as Medicare, Medicaid, Managed Medicaid plans or TRICARE. You must contact us at least 7 days prior to your auto ship date to un-enroll, modify, or skip an auto shipment. If at any time you wish to opt out of this program, please call us at 407-830-1938 and press option 1 to speak to a supply specialist

Signature ____ Date ______________________

For FHRE Use Only Entered by __________________________ Patient ID ___________________