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Automatic Resupply Form

Peak Medical Equipment, LLC now offers the ability have your PAP supplies automatically shipped to your home when you are eligible through insurance. To take advantage of this service, please complete the following form.

Please dispense AUTOMATICALLY all supplies eligible per my insurance fee schedule. Orders mailed will include all supplies eligible at the time of service.

Disposable Filters	2 per month
Non-Disposable Filter	1 every 6 months
Cushion(s)	1 (full face) or 2 (nasal) per month
Mask	1 every 3 months
Tubing	1 every 3 months
Headgear	1 every 6 months
Water Chamber	1 every 6 months
Chin Straps (If applicable)	1 every 6 months

I hereby authorize Peak Medical Equipment, LLC to dispense and bill these items on an automatic basis. If at any time, I wish to discontinue this service, I will call prior to my order being dispensed and discontinue my automatic resupply. I understand that if Peak Medical Equipment, LLC has any changes in price and/or availability, I will be notified within 30 business days of these changes.

Credit Card Information:

Name as it appears on card: _____

Number: _____

Card Type (Visa, Master Card, AMEX)

Exp Date: _____ CVV: _____

By initialing this box, I **also** authorize Peak Medical Equipment, LLC to automatically charge my credit card on file for all unpaid charges after insurance has been billed.

Printed Name: _____

Signature: _____

Date: _____

Account# _____

*Notice: If your account for any reason has \$500.00 or more past due, or is past due for more than 90 days, we will stop automatic resupply. It will remain stopped until either the account balance is resolved OR you speak with one of our billing specialists about your balance. Please note that not all insurance fee schedules are the same.