

- I have received the above listed equipment from Medsource Respiratory in good working condition and accept delivery.
- I, the undersigned, understand my options in the selection of home care providers. I authorize Medsource Respiratory to provide home medical equipment, supplies and services as prescribed by my physician and as I authorize to include but not limited to the following items: A7031- Face Mask Interface 1 per 3 months, A7028-Oral Cushion 6 per 3 months, A7029-Nasal Pillows 6 per 3 months, A7038-Filters Disposable 6 per 3 months, A7032-Cushions 6 per 3 months, A7033-Pillows Nasal Mask 6 per 3 months, A7027-Combination Mask 1 per 3 months, A7030-Full Face Mask 1 per 3 months, A7034-Nasal Interface 1 per 3 months, A7037-Tubing 1 per 3 months, A4604-Heated Tubing 1 per 3 months, A7035-Headgear 1 per 6 months, A7036-Chinstrap 1 per 6 months, A7039-Filters Non Disposable 1 per 6 months, A7046-Water Chamber for Humidifier 1 per 6 months.
- I have been provided with and have reviewed the "Medsource Respiratory Patient Handbook", (MRPH).
- Have reviewed the operation, safety, and maintenance sections of the MRPH for all items delivered.
- I acknowledge the receipt of the HIPPA / Privacy Policy and the CMS 30 supplier standards. located in the MRPH.
- I agree with the statement labeled "Assignment of Benefits".
- I acknowledge the receipt of the Return/ Service / Warranty policy.
- I understand and agree with the collection policy and my financial responsibilities outlined.
- I confirm that Medsource Respiratory instructed me of proper use and care of the provided machine and/or supplies.
- I understand the return policy that states anything desired to be returned to Medsource Respiratory must be unused in its original packaging and postmarked within 30 days of "Delivery Date" listed above.

Please "like" our page on Facebook for future discounts and promotions!

Alternate/Emergency form of contact (cell phone, email, office phone, etc.): _____

PLEASE SIGN, DATE, AND RETURN THIS "DELIVERY TICKET" TO US IMMEDIATELY UPON RECEIPT OF YOUR SUPPLIES IN THE PROVIDED ENVELOPE. THIS IS NECESSARY TO BILL YOUR INSURANCE. THANK YOU FOR YOUR ASSISTANCE. IF YOU HAVE FURTHER QUESTIONS PLEASE FEEL FREE TO CONTACT YOUR SALES REPRESENTATIVE.

Thank You for your Business!

Sales Order
Customer
Customer ID

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Customer Copy

