

# American Sleep Apnea Association

## CPAP Mask and Yearly Supply Program Application

P.O Box 1072., Tracy, MN 56175 • Telephone 888-293-3650 • Fax: 888-293-3650 • [www.sleephealth.org](http://www.sleephealth.org)

• [manager@sleephealth.org](mailto:manager@sleephealth.org)•

### Instructions:

Complete application in full, provide a copy of your prescription, and make the Program fee

### Program fee:

Can be made online at [www.sleephealth.org](http://www.sleephealth.org)

Can be called in 888-293-3650 to process with debit/credit card over the phone.

Can be mailed to ASAA PO Box 1072, Tracy, MN 56175 Payable to: ASAA in the form of certified funds (money order or certified check, no personal checks) All prices include USPS First Class shipping: (If you are in Hawaii or Alaska, there is an extra \$5.00 charge for shipment through the US Postal Service.)

**NOTE: Shipments will NOT go out until all information is received**

### Fee Schedule:

1 mask -\$25.00 Program Fee

2 masks -\$45.00 Program Fee

3 masks -\$60.00 Program Fee

Yearly Supply Program-\$100.00 Program fee (includes 4 masks, 4 filters and 2 tubes)

Patient Information/Shipping Address:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Shipping address:

StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please select a Program: Mask only \_\_\_\_\_ Yearly Supply Program \_\_\_\_\_

Please choose a mask: Circle one: Nasal (small only)

Full Face (choose your size) Small Medium Large

Machine Model: needed for filter information (please circle responses)

S8 S9 AirCurve S10 System One/Remstar Dreamstation Other: \_\_\_\_\_

As a participant in the programs available through the American Sleep Apnea Association (ASAA), please provide the following information:

How many nights a week are you using CPAP now:      0-2      3-5      6-7  
How many hours per night are you using CPAP now:      0-3      4-7      8 or more

As a non-profit, 501C3 organization, we often work with research institutions and other healthcare programs. This will not affect your program status. Please complete the questions below. These questions are optional, and only for reporting purposes.

**Gender:** Male    Female    Prefer not to answer    **Date of Birth:** \_\_\_\_\_

**Ethnicity:**

American Indian or Alaska Native    Asian    Black or African American    Hispanic or Latino    White  
Native Hawaiian or Other Pacific Islander

**Household Income:**

\$0-\$30,000    \$30,001-45,000    \$45,001-60,000    \$60,001-75,000    \$75,001-90,000    \$90,000+

**Where did you hear about the CAP Program?**

From my doctor    from a friend/relative    ASAA Newsletter    ASAA social media (Facebook, Twitter, or IG)  
Sleephealth.org    Facebook or Google Ad    Other: \_\_\_\_\_

**The ASAA provides no instruction on mask use, mask fit nor follow up care. If you require these services, follow up with your healthcare provider. The mask is offered, new and factory sealed “as is” and without warranty.**

\*\*All fees go toward covering our program costs and promoting this service to other patients in need

**Patient Acknowledgement**

I hereby release from liability and waive any right to sue the American Sleep Apnea Association (ASAA), their officers, directors, employees, agents, and contractors, from any and all claims, including claims of negligence or physical harm or injury. ASAA CPAP Program is not covered by medical insurance providers, nor will the organization bill any insurance company. The low program fee for your PAP equipment assures that the program can be sustained for those without medical insurance coverage or those experiencing financial hardships.

The ASAA provides no instruction on mask use, mask fit nor follow up care. If you require these services, follow up with your healthcare provider. By submitting this application, you hereby authorize the ASAA to dispense the prescribed mask or masks that you requested above. The mask is offered, new and factory sealed “as is” and without warranty. If masks are damaged in shipment, please notify us promptly and we will replace them. No returns on opened masks.

I ACKNOWLEDGE AND AGREE THAT THE ASAA MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, TO ME OR ANY OTHER PERSON WITH RESPECT TO THE EQUIPMENT PACKAGE. ASAA SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_