BRONSON	Affix Patient Label
	Patient Name: DOB:

Bronson Sleep Health
3200 W. Centre Ave., Ste. 203, Portage, MI 49024
Phone (269) 324-0799

Bronson Sleep Health
955 S. Bailey Ave., South Haven, MI 49013
Phone (269) 324-0799

Advanced Notice to Bill

The purpose of this form is to allow you to make an informed choice about whether or not you want to receive this medical device. Charges for using the device for your sleep study will be submitted to insurance (when applicable). If the item is not returned to the office in 2 business days, you are responsible for the cost of the device replacement. Before you make a decision please read this notice.

- This device must be returned within 2 business days of check out date.
- If this device is not returned within 2 business days, you will be billed for the full price of the device.
- Insurance does **not** pay for the cost of the device replacement. The price of each device is shown below.

___Watch Pat $4,950

___Apnea Link $828

___Apnea Link Air/Plus $1,548

___Actiwatch $949

___R U Sleeping $495

___Air 10 Oximetry Module with Pulse Ox sensor $ 310

_____Option 1 Yes, I want to receive this device. I understand my insurance will not pay for the device. I understand that I am responsible to return the device within 2 business days. I agree to be responsible for payment if I fail to return the device on time. Date checked out __________.

_____Option 2 No, I do not want the item.

Please Initial:

_________ I received instructions on how to use the device.

_________ I received the phone number to call in case of technical problems or after hour's assistance.

Patient Signature____ Date________________

Notice of Return

The device I received was returned on ____________________________________

Staff Signature ____