

# Sleep Wellness Center

get your ZZZZZZZZZ

The sleep professionals at Sleep Wellness Center thank you for your continued business. Properly maintaining your device and keeping your equipment up to date is the best way to ensure that your therapy remains comfortable and effective. A worn mask, loose headgear or a clogged air filter can reduce the comfort and effectiveness of your therapy.

Below is a "guide" to help you decide if new supplies are in order. You can order by either calling our office at (701) 235-7424 or (800) 962-8145 or by sending the order in by mail in the envelope provided. If you are not sure when you last replaced your equipment or if you are eligible for replacement supplies, please feel free to call and we would be happy to help you.

PRODUCT	REPLACEMENT SCHEDULE
Mask (includes seal)	1 per 3 months
Full Face Seal replacement	1 per month
Nasal Seal or Nasal Pillow replacement	2 per month
Chin Strap	1 per 6 months
CPAP/BIPAP tubing	1 per 3 months
CPAP/BIPAP filter, disposable	2 per month
CPAP/BIPAP filter, non-disposable	1 per 6 months
CPAP/BIPAP humidifier water chamber	1 per 6 months
Replacement CPAP/BIPAP Unit	Consult Provider

**If you would like us to help you determine if you are eligible for replacement supplies please call or stop in to the office. Fill out the form below and mail in, or call anytime to set up a one-on-one appointment!**

Thank you for choosing Sleep Wellness Center and we look forward to helping you continue to enjoy the peaceful, revitalizing sleep you deserve.

Sleep Wellness Center Staff

**Winmar Diagnostics, Inc.**

2700 12th Ave. S. Suite B | Fargo, ND 58103 | 701-235-7424 **Toll Free** 800-962-8145 **Fax** 701-239-4792  
1191 S. Columbia Road | Grand Forks, ND 58201 | 701-746-7378 **Toll Free** 800-962-8145 **Fax** 701-746-7388

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Supplies needed: \_\_\_\_\_ NAME: \_\_\_\_\_  
\_\_\_\_\_Mask \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_Tubing \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_Cushions/Pillows\* \_\_\_\_\_ Current Insurance: \_\_\_\_\_  
\_\_\_\_\_ Size \_\_\_\_\_ Policy Number: \_\_\_\_\_  
\_\_\_\_\_Water Chamber \_\_\_\_\_ Current Provider/Physician: \_\_\_\_\_  
\_\_\_\_\_Filters \_\_\_\_\_

\*If Medicare is your primary insurance, they require that we speak to you prior to supplies being sent out in the mail.