

REF WI 8.1-809	
30-DAY MASK SATISFACTION PROMISE PROGRAM	
Mask Replacement Request Form With Headgear	

Please send this completed Mask Replacement Request Form via email to respironics.mask.promise@philips.com or fax to 855-400-8103. For faster processing, please do not complete this form in handwriting; instead, please type your responses on this Mask Replacement Request Form and send via email. Questions? Call 1-800-345-6443.

***Denotes information that is required to process this request.**

***Section A.**

*Purchaser Name:	Transcend Medical	Account Number:	10147511
Purchaser Contact Name:	Brittany Geckles	Purchaser Email:	brittany@transcendmedical.net
*Purchaser Ship-to Address:	133 Woods Cove Road		
*City:	Scottsboro	*State:	AL
		*Zip Code:	35768
Purchaser's Corporate Address (if different from ship-to):		Purchase Order Number:	
		Purchaser Fax:	256-259-1498

***Section B.**

Program-approved masks are the original mask placed on patient. Indicate replacement mask quantity below.

PN w/ Headgear	Mask Name	Order Quantity
DREAMWEAR NASAL MASK		
1116700	DreamWear Fitpack Nasal (Medium Frame Only)	
1142376	DreamWear Nasal Kit, Small & Medium Frames, Small & Medium Cushions	
1116685	DreamWear - Small Frame / Small Cushion	
1116686	DreamWear - Small Frame / Medium Cushion	
1116688	DreamWear - Small Frame / Medium Wide Cushion	
1116687	DreamWear - Small Frame / Large Cushion	
1116680	DreamWear - Medium Frame / Small Cushion	
1116681	DreamWear - Medium Frame / Medium Cushion	
1116683	DreamWear - Medium Frame / Medium Wide Cushion	
1116682	DreamWear - Medium Frame / Large Cushion	
1116690	DreamWear - Large Frame / Small Cushion	
1116691	DreamWear - Large Frame / Medium Cushion	
1116693	DreamWear - Large Frame / Medium Wide Cushion	
1116692	DreamWear - Large Frame / Large Cushion	
DREAMWEAR GEL PILLOW MASK		
1124984	DreamWear Gel Fitpack (Medium Frame Only)	
1125018	DreamWear Gel - Small Frame / Small Cushion	
1125019	DreamWear Gel - Small Frame / Medium Cushion	
1125020	DreamWear Gel - Small Frame / Large Cushion	
1125015	DreamWear Gel - Medium Frame / Small Cushion	
1125016	DreamWear Gel - Medium Frame / Medium Cushion	
1125017	DreamWear Gel - Medium Frame / Large Cushion	
1125021	DreamWear Gel - Large Frame / Small Cushion	
1125022	DreamWear Gel - Large Frame / Medium Cushion	
1125023	DreamWear Gel - Large Frame / Large Cushion	

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PHILIPS**DREAMWEAR FULL MASK**

1133400	DreamWear Full Fitpack (Medium Frame Only)	
1133375	DreamWear Full - S & M Frame / Small Cushion	
1133376	DreamWear Full - S & M Frame / Medium Cushion	
1133378	DreamWear Full - S & M Frame / Medium Wide Cushion	
1133377	DreamWear Full - S & M Frame/ Large Cushion	
1133385	DreamWear Full - Small Frame / Small Cushion	
1133386	DreamWear Full - Small Frame / Medium Cushion	
1133388	DreamWear Full - Small Frame / Medium Wide Cushion	
1133387	DreamWear Full - Small Frame / Large Cushion	
1133380	DreamWear Full - Medium Frame / Small Cushion	
1133381	DreamWear Full - Medium Frame / Medium Cushion	
1133383	DreamWear Full - Medium Frame / Medium Wide Cushion	
1133382	DreamWear Full - Medium Frame / Large Cushion	
1133390	DreamWear Full - Large Frame / Small Cushion	
1133391	DreamWear Full - Large Frame / Medium Cushion	
1133393	DreamWear Full - Large Frame / Medium Wide Cushion	
1133392	DreamWear Full - Large Frame / Large Cushion	

DREAMWISP MASK

1137916	DreamWisp Fitpack - Medium Connector (S/M/L Cushions)	
1137932	DreamWisp - Medium Connector / Petite Cushion	
1137933	DreamWisp - Medium Connector / Small Cushion	
1137934	DreamWisp - Medium Connector / Medium Cushion	
1137935	DreamWisp - Medium Connector / Large Cushion	
1137936	DreamWisp - Medium Connector / Extra Large Cushion	

WISP MASK

1094051	Wisp Fabric Fitpack	
1094050	Wisp Silicone Fitpack	
1104953	Wisp Pediatric Fitpack	

AMARA GEL MASK

1090400	Amara Gel - Petite	
1090401	Amara Gel - Small	
1090405	Amara Gel - Medium	
1090406	Amara Gel - Large	

AMARA VIEW MASK

1090670	Amara View - Fitpack	
1090622	Amara View - Small	
1090623	Amara View - Medium	
1090624	Amara View - Large	

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NUANCE MASK		
1105160	Nuance Fitpack	
1105167	Nuance Pro Fitpack	
PICO MASK		
1104940	Pico Fitpack	
1104915	Pico - Small	
1104916	Pico - Large	
1104917	Pico - Extra Large	
FITLIFE FULL MASK		
1060801	FitLife - Small	
1060802	FitLife - Large	
1089991	FitLife - Extra Large	

*** Section C.**

Program Description:

Philips Respironics' goal is to help you fit "100% of your patients, 100% of the time." Our 30-Day Mask Satisfaction Promise Program takes our goal one step further. If a patient discontinues use of a program-approved mask** during the first 30 days of use, for fit or preference-related issues and in favor of an alternative mask, we will replace the original program-approved mask.

This Program is not to be used for masks with **quality defects or breakage**. For reports of masks with quality defects or breakage, contact customer service at 1-800-345-6443.

Regulatory requirements (e.g. FDA) mandate that cases of patient harm be reported by Philips Respironics. You must report such cases to customer service at 1-800-345-6443.

Program-approved masks:**

A complete listing of program-approved masks is available in Section B of this 30-Day Mask Satisfaction Promise Program Mask Replacement Request Form.

SEE NEXT PAGE FOR REQUIRED AGREEMENT ACKNOWLEDGEMENT

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Terms and Conditions:

To qualify for the Program, Purchaser must:

- Complete our "Interface and Therapy Options Overview" session, which reviews program-approved masks, or similar patient interface training/educational programming by Philips Respironics.
- Complete this Mask Replacement Request Form identifying the sizes of the particular program-approved masks that your patients have discontinued use during the first 30 days and return the Form to our customer service department via email (preferred) to respiroics.mask.promise@philips.com or via fax to 1-855-400-8103.
- Multiple masks can be requested with a single Mask Replacement Request Form submission as long as one of the following criteria is met:
 - Quantities are included next to the appropriate mask type and size directly on the Form,
 - OR**
 - Sections A. and C. of the Form are completed fully with a note in Section B indicating "Please see attached for mask request" plus a spreadsheet is included for one or multiple shipping locations with columns within the spreadsheet including the mask type, mask size, and full shipping address details. This spreadsheet should comply with all program terms and conditions.
- Certify that it will only seek replacement of a program-approved mask when a patient discontinues use of the mask during the first 30 days of use for fit or preference-related issues and in favor of an alternative mask.
- Certify that it will comply with all applicable requirements of any third-party payer or insurer with respect to reimbursement for program-approved masks and will not seek reimbursement for the alternative mask if Purchaser received reimbursement for the original program-approved mask from any third-party payer or insurer, including any state or Federal health care program.
- Limit one replacement mask per patient.

Philips Respironics reserves the right to ask for the return of the original program-approved masks.

Philips Respironics reserves the right to cancel the Program or modify the terms of or types of masks offered available under the Program at any time.

We thank you for your continued support of Philips Respironics masks. If you have any questions, please contact Philips Respironics customer service at 1-800-345-6443.

***I agree to the terms and conditions stated in the 30-Day Mask Satisfaction Promise Program Enrollment Agreement and above on this Request Form.**

*** Print Full Name**

*** Date**

Order Notes:

This delivery is pursuant to Purchaser's 30-Day Mask Satisfaction Program Mask Replacement Request Form. As a reminder, as part of the 30-Day Mask Satisfaction Program Purchaser certified that it will comply with all applicable requirements of any third-party payer or insurer with respect to reimbursement for program-approved masks and will not seek reimbursement for the alternative mask if Purchaser received reimbursement for the original program-approved mask from any third-party payer or insurer, including any state or Federal health care program.