



## Home Sleep Study Consent Form

I acknowledge that I am receiving a Home Sleep Test Device in order to complete a "one night" in-home sleep test. I understand that this equipment is only on loan to me and must be returned to FusionSleep within 7 days from my appointment. I am responsible for loss or damage to the equipment while it is in my possession. It is my responsibility to return the equipment and all related components to FusionSleep upon completion of the home study. Should I fail to return the device and all related components in the condition in which they were received, I agree to pay FusionSleep the fee for replacing devices which have been lost, damaged or not returned, of up to \$3,650.

I further know that I do have the option to reschedule my appointment by speaking with a Care Specialist during normal business hours (between 8am- 5pm) without incurring a penalty as long as FusionSleep has not yet shipped the home sleep testing kit to me. If the device has been shipped, a \$150.00 rescheduling fee will be charged along with applicable shipping costs.

I understand that FusionSleep will bill my insurance for the use of this device and related care provided to me. However, in the event that my insurance does not cover this device and/or any element of my care, I agree that I will be completely responsible for all amounts due and payable to Fusion Sleep and will pay such amounts in a timely manner.

Accounts not paid within 30 days of the date of the invoice are subject to a 2% monthly finance charge. Failure to pay may result in balances being reported to a credit reporting agency.

I agree to these terms.

**Patient Address:**

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**Signature of Patient:**

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