

If for any reason you are not satisfied with our product you may return it, along with a receipt from Shoreline Medical Services, within 30 days of delivery to receive a full refund.

Return address: Sleep Specialists, LLC; 150 Monument Rd, Suite 207, Bala Cynwyd, PA 19004

Medicare & Medicaid Services:

Zzoma is generally an out-of-pocket expense because Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) believes code E0190 "POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES" adequately describes the product. This code has a payment schedule of \$0.00. While Medicare will not pay for the device some state and/or local Medicaid services pay for E0190 products. Please contact your policy representative to find out more information about HCPCS code E0190.

Private Carriers:

Many of the private carriers follow government regulations for payment coverage. Therefore, many of the private carriers are yet to assign Zzoma its own paid reimbursement code. For this reason, each reimbursement claim is an individual review. Patients have a greater chance in receiving their money back if they file a refund/reimbursement claim themselves. In other words, Zzoma is an out-of-pocket expense that you may be refunded for.

If you'd like to receive pre-authorization for a refund we suggest for you to start by calling the 800 # on the back of your insurance card. Ask them their policy on the equipment code E0190 as a medical necessity. Explain to the customer care representative that you have been diagnosed with obstructive sleep apnea and have been prescribed Zzoma as a medical device. Let them know that you do have a medical necessity letter. E0190 is a code that receives reimbursement only if the claim reviewer understands your product is medically necessary. They must be convinced that that you are buying this device to improve your health.

Most insurance companies will have you purchase items and then download a claim form from their website. We suggest submitting a copy of your prescription, medical necessity letter, and product receipt with your application form. We are not given permission to access your health coverage so please be sure to write your own contact information on the forms for correspondence.

The following information is a collection of the details you may need for your refund.

Manufacturer/Service Provider Name: Sleep Specialists, LLC (DBA 2Z Medical)

TAX ID: 20-5914787

Mailing Address: 150 Monument Rd, Suite 207, Bala Cynwyd PA 19004

Telephone: 1.877.799.9662

Fax: 1.267.222.1000

Production Name: Zzoma Positional Device

Regulatory Class: Class II (prescription only)

FDA Clearance 510(k): K100160

ICD-10 Diagnosis Code: G47.33 or Obstructive Sleep Apnea

HCPCS Code/Equipment Code: E0190

Cost: \$189.95

*If your insurance company does not cover for Zzoma, it may be covered under your pre-tax cafeteria plan (IRS Section 125).