Alesis OSA1™ Patient Satisfaction & Money-Back Guarantee

Alesis LLC is committed to the success of our patients. Our goal is to ensure patient confidence in your investment and to reflect our commitment to measurable outcomes. If you prepay Alesis LLC for a complete course of six Alesis OSA1 treatments and your sleep apnea does not improve by at least 50%, we guarantee a full refund.

Improvement in sleep apnea is measured using the Apnea-Hypopnea Index (AHI). To qualify for this guarantee, the patient must follow pre- or post-treatment instructions provided by the practice and meet the following criteria:

- A pre-treatment baseline study must be completed before the first Alesis OSA1 treatment session, and a post-treatment study must be completed within ten (10) calendar days after the sixth and final treatment. Apnea-Hypopnea Index (AHI) must evidence improvement of less than 50% and have a post-treatment AHI greater than 5.

- Both studies must be conducted using the same study type, which must an FDA-cleared Home Sleep Apnea Test (HSAT) or an in-center (attended) polysomnography (PSG) study. Mixing study types (e.g., an in-center study for pre-treatment and an HSAT for post-treatment, or vice versa) disqualifies the patient from eligibility under this policy. Studies must be interpreted and reported by a board-certified sleep physician or other qualified licensed provider.

- AHI values used for comparison will be taken from the formal written reports of each qualifying sleep study.

- Some type of HSATs are not reliable if you are taking beta-blockers, opioids, benzodiazepines / Z-drugs, SSRIS / SNRIS, or cardiovascular medications (CCBs, nitrates, alpha-blockers). A Level 2 HSAT with EEG or in-lab PSG is more appropriate.

- The first treatment must be within thirty (30) calendar days of prepayment.

For example, if the pre-treatment AHI is 30 events/hour, a refund is warranted only if the post-treatment AHI is greater than 15 events/hour (i.e., less than a 50% reduction). If the post-treatment AHI is 15 events/hour or fewer, no refund is due.

Refund Claim Deadline	A refund request signed by the patient and all required documentation must be submitted to **Refund@AlesisOSA1.com** within thirty (30) calendar days of the post-treatment sleep study report date.

Note: Scheduling delays, patient non-compliance, or failure to schedule the post-treatment sleep study within the required window will render the patient ineligible for a refund, except in the event of documented medical emergency. In the event that a patient is unable to meet a timeline deadline (first treatment within 30 days of prepayment, or post-treatment study within 10 days of the sixth treatment) due to a documented medical emergency, the practice may, at its sole discretion, grant a written deadline extension. The patient or their representative must notify the practice in writing as

soon as reasonably practicable; provide supporting medical documentation; and request the extension prior to, or within five (5) business days of, the missed deadline. Extensions are not guaranteed and will be evaluated on a case-by-case basis. Non-medical scheduling conflicts, travel, or other personal circumstances do not qualify for this exception.
Upon receipt of a complete refund request, Alesis LLC will review all submitted materials within fifteen (15) business days and notify the patient in writing of the determination. Approved refunds will be issued within thirty (30) calendar days of the written approval notice, using the same method of payment originally used.

This refund policy applies only to Alesis OSA1 treatment and does not extend to any associated diagnostic, ancillary, or follow-up services. Patients with AHI improvement of less than 50% may be offered a re-treatment at no cost.

This policy may be amended by the practice at any time. Amendments will apply only to prepayments received after the effective date of the amendment. Questions regarding this policy should be directed to the practice's billing or patient services department.

Acknowledgment
By proceeding with prepayment and treatment, the patient acknowledges that they have read, understood, and agreed to the terms of this Money-Back Guarantee Policy.

Patient Signature: _____ Date: _____

Printed Name: _____

Practice Representative: _____ Date: _____