CPAP/BiPAP Prescription/Letter of Medical Necessity

Ordering Physician:
Name: _____
Address: _____
_____
Phone: _____
Fax: _____
NPI: _____
St Lic: _____
Date of Face to Face: _____
_X_____
Signature Date

Patient Info:
Name: _____
Address: _____
_____
Phone: _____
Alt Phone: _____

Insurance: _____
ID# _____
Ins Phone _____
DOB _____

(Name of person completing form if other than MD): _____ Title: _____

Diagnosis: _____ Other _____ AHI: _____
Duration of need is LIFETIME unless otherwise notated. _____ Other duration

Machine Type: ResMed Devices
____ A/CPAP E0601 CPAP _____ APAP _____ to _____ EPR 1 2 3 Ramp _____
____ BiPAP E0470 IPAP _____ EPAP _____ Ramp _____
____ ABiPAP E0470 Min EPAP _____ PS _____ MAX IPAP _____
____ ASV Auto E0471 Min EPAP _____ Max EPAP _____ Min PS _____ Max PS _____
BR : Auto (15)
____ ASV SV E0471 EPAP _____ Min PS _____ Max PS _____ Ramp _____ BR: Auto (15)
____ BiPAP/ST E0471 IPAP _____ EPAP _____ BR _____ Rise _____ Other : _____

Humidifier:
_x__ Heated Humidifier (E0562)
__x_ Heated Tubing (A4604)

Blend Patient's O2 into PAP line: Y N
(O2 Port and O2 line will be installed)

CPAP Mask/Interface:
_x____ CPAP Mask, Patient Preference or
_____ Mask

Fax Completed Form to:
805-435-0432

Supplies:
_x__ All related supplies

Full Face Mask (A7030) 1/3mo
Full Face Cushion (A7031) 1/mo
Nasal Mask (A7034) 1/3 mo
Mask Cushion (A7032) 2/mo
Nasal Pillows (A7033) 2/mo
Headgear (A7035) 1/6 mo
Chinstrap (A7036) 1/6 mo
Tubing (A7037) 1/3 mo
Disp Filters (A7038) 2/mo
Heated Humidifier Tubing (A4604) 1/3 mo
Oral Interface (A7044) 1/mo
Exhalation Port/Swivel (A7045)
Humidifier Chamber (A7046) 1/6 mo
Non-Disposable Filters (A7039) 1/6 mo

Some frequencies above may not apply to Medi-Cal/Gold Coast insurance.

Remedy Medical Supply
3717 E Thousand Oaks Blvd, Ste 212, Westlake Village, CA 91362
805-267-1858 P 805-435-0432 F info@remedymedicalsupply.com