

CPAP/BiPAP Prescription/Letter of Medical Necessity

Ordering Physician:

Name: _____

Address: _____

Phone: _____

Fax: _____

NPI: _____

St Lic: _____

Start of Service Date: _____

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 99 unless otherwise notated. _____ Other Duration _____**Machine Type: ResMed Devices** CPAP E0601 CPAP _____ EPR (Pressure Relief) Ramp _____ APAP E0601 APAP _____ to _____ EPR 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 : _____ Titrate to Patient Comfort (Allows RT to make adjustments to therapy)**Humidifier:** Heated Humidifier (E0562) Heated Tubing (A4604)**Blend Patient's O2 into PAP line: Y N**

(O2 Port and O2 line will be installed)

CPAP Mask/Interface: CPAP Mask, Patient Preference or

_____ Mask

Fax Completed Form to:**805-435-0432****Supplies:** All related supplies

Full Face Mask (A7030) 1/3 mo

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

805-456-4800 P 805-435-0432 F info@remedymedicalsupply.com