

# 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) 3 Ramp \_\_\_\_\_

 APAP E0601 APAP \_\_\_\_\_ to \_\_\_\_\_ EPR 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 : \_\_\_\_\_

 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) 1/3mo

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

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