



FAST FAX FOR CPAP SETUP AND SUPPLIES

Patient Name: Last First

Patient DOB: mm/dd/yyyy

Address: Street

Date:

City, State, Zip

Dx: ICD-9

Phone: Include area code

Length of need: 99 Months or 99= Lifetime

Primary Insurance Name:

Insurance ID #:

SERVICES REQUESTED: (Check all that apply).

- SETUP ON PAP DEVICE and PROVIDE REPLACEMENT SUPPLIES: Includes mask, tubing, filters, headgear and chinstrap. OSA Diagnosis-32723, End date for lifetime usage-99 days, CPAP/AUTO-E0601, BIPAP-E0470, BIPAP SV/ST-E0471, Heated Humidifier & Water Chamber-E0562 & A7046
REPLACEMENT SUPPLIES: Includes mask, tubing, filters, headgear and chinstrap if indicated. OSA diagnosis 32723 lifetime use. Mask/Interface-A7027 - A7034, Tubing-A7037 or A4604, Headgear & Chinstrap-A7035 & A7036, Filters-A7038 or A7039
PROVIDE BATTERY and REQUIRED ACCESSORIES: Battery-A4611, Battery Cable-A4612, Battery Charger-A4613
DEPLOYMENT PACK with BATTERY: This includes supplies for 12 months, unless the duration of deployment period is otherwise specified. Mask/Interface-A7027 - A7034, Tubing-A7037 or A4604, Headgear & Chinstrap-A7035 & A7036, Filters-A7038 or A7039, Battery-A4611, Battery Cable-A4612, Battery Charger-A4613. Deployment period

Please indicate required equipment for setup or supplies:

- CPAP * E0601 Pressure setting:
AutoPAP* E0601 Low Setting: High Setting:
BiPAP* E0470 IPAP Pressure: EPAP Pressure:
SV* E0471 Minimum: Maximum: EEP:
ST* E0471 Minimum: Maximum: EEP:

* Heated Humidifier included with device unless otherwise indicated:

Chin Strap

Mask Type: Nasal Pillow Nasal Full Face Other (Specify)

Any Special Instructions:

Physician Signature: Date:

Physician Name: NPI#:

Phone: FAX:

FAX TO: 877-339-0180

30-Day compliance download information provided at www.MilitaryCPAP.com

Proud to Serve Those Who Serve Our Country