



FAST FAX FOR PAP SETUP AND SUPPLIES

Patient Name: Last First Patient DOB: mm/dd/yyyy

Patient Address: Street City State Zip Date: Dx: ICD-9:

Patient Phone: Include area code Length of need: 99 Months or 99= Lifetime

Primary Insurance Name: Insurance ID #:

Please check the items that you are ordering in each section below (Device, Humidifier, Supplies):

Device: (Doctor MUST specify which machine)

- E0601 CPAP / AUTO Pressure Setting:
E0470 BiPAP AUTO Pressure Setting:
E0471 BiPAP SV / ST Pressure Setting:

Humidifier:

- E0562 Humidifier

Supplies:

- A4604 - 1 per 3 mo. Tubing with Integrated Heating Element for use with PAP Device
A7027 - 1 per 3 mo. Combination Oral/Nasal Mask used with CPAP Device, Each
A7028 - 2 per 1 mo. Oral Cushion for combination Oral/Nasal mask, Replacement only, Each
A7029 - 2 per 1 mo. Nasal Pillows for combination Oral/Nasal Mask, Replacement only, Pair
A7030 - 1 per 3 mo. Full Face Mask used with PAP Device, Each
A7031 - 1 per 1 mo. Face Mask Interface, Replacement for Full Face Mask, Each
A7032- 2 per 1 mo. Cushion for use on Nasal Mask Interface, Replacement only, Each
A7033 - 2 per 1 mo. Pillow for use on Nasal Cannula Type Interface, Replacement only, Pair
A7034 - 1 per 3 mo. Nasal Interface (Mask or Cannula Type) used with PAP Device with or w/out Head Strap
A7035 - 1 per 6 mo. Headgear used with PAP Device
A7036 - 1 per 6 mo. Chinstrap used with PAP Device
A7037 - 1 per 3 mo. Tubing used with PAP Device
A7038 - 2 per 1 mo. Filter, Disposable used with PAP Device
A7039 - 1 per 6 mo. Filter, Non Disposable, Used with PAP Device
A7046 - 1 per 6 mo. Water Chamber for Humidifier, used with PAP Replacement, Each

Special Instructions:

Physician Signature: Date:

Physician Name: NPI#:

Phone: FAX:

FAX TO: 877-339-0180

30-Day compliance download information available.

Proud to serve those who serve our country®