PLEASE *FAX* THIS FORM ALONG WITH A COPY OF PATIENT'S OVERNIGHT SLEEP STUDY TEST RESULTS AND INSURANCE CARD TO (888) 816-5060 OR *CALL* US AT (760) 779-1444 WITH ANY QUESTIONS.

PHYSICIAN'S PRESCRIPTION & STATEMENT OF MEDICAL NECESSITY FOR CPAP/BIPAP THERAPY

PATIENT NAME: ____ DOB:_____ /___ /______ GENDER: M F

ADDRESS: ____

HOME PHONE: (_____) __________________________ DAY/CELL: (_____) _____________________________

INSURANCE NAME: ________________________ _____ INSURANCE ID#:________________________________

REFERRING PHYSICIAN NAME: ____

NPI: ___________________________________TEL#: __________________________ FAX#: ______________________

OFFICE CONTACT NAME: ____________________________

PRESCRIBED DEVICE:

☐ **E0601 CPAP DEVICE/APAP DEVICE**

PRESSURE SETTING: ……………CM H2O

MASK TYPE ________________MASK SIZE _______________

E0562 HEATED HUMIDIFIER: _____Y _____N

☐ **E0470 BI-LEVEL DEVICE**

PRESSURE SETTING: IPAP………CM H2O

EPAP……....CM H2O

MASK TYPE _________________MASK SIZE_______________

E0526 HEATED HUMIDIFIER: _____Y _____N

☐ REPLACEMENT CPAP/BIPAP MASK AND SUPPLIES (INCLUDES: MASK, HEAD GEAR, TUBING, FILTERS & NASAL PILLOWS IF APPLICABLE) **AS PART OF ANY PATIENT'S FOLLOW UP CARE PLAN, PROVIDE CPAP/BIPAP REPLACEMENT SUPPLIES ON AN ONGOING BASIS ACCORDING TO INSURANCE CARRIER'S GUIDELINES AND BENEFITS.*

☐ OTHER (PLEASE SPECIFY):____

I UNDERSTAND THAT THE DURATION OF THE ABOVE EQUIPMENT/SUPPLIES WILL BE ***LIFETIME* UNLESS OTHERWISE INDICATED HERE. ____

DIAGNOSIS THAT SUPPORT MEDICAL NECESSITY FOR THE REQUESTED DEVICE(S)

(Please forward us a copy of patient's overnight sleep study test results)

☐ OBSTRUCTIVE SLEEP APNEA

☐ INSOMNIA WITH SLEEP APNEA, UNSPECIFIED

☐ HYPERSOMNIA WITH SLEEP APNEA, UNSPECIFIED

☐ UNSPECIFIED SLEEP APNEA

☐ OTHER (PLEASE SPECIFY):____

PHYSICIAN'S SIGNATURE: **X**____ **DATE:** _________________

I certify that the above-prescribed medical device(s) is medically indicated and in my opinion is reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.