

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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Section 4 – Signatures

Physician/Nurse Practitioner Signature

I hereby certify that I have personally assessed the applicant in person and determined that the applicant has a chronic respiratory illness or disability requiring the long-term use of the device(s) or supplies specified above.

☐ Physician ☒ Nurse Practitioner

Physician/Nurse Practitioner Last Name <i>Gutierrez</i>	Physician/Nurse Practitioner First Name <i>Arabella</i>
Business Telephone Number <i>416-358-5121</i> ext. <i>690</i>	Ontario Health Insurance Billing No (5 or 6 digits) <i>761381</i>
Physician/Nurse Practitioner Signature	Date Signed (yyyy/mm/dd) <i>2023-10-16</i>

Clinic providing Sleep Lab diagnosis (for Positive Airway Pressure Systems applications only)

Clinic Name <i>Coastal Wellness Clinic</i>	
ADP Clinic Number <i>52625</i>	Business Telephone Number <i>343-894-9520</i> ext. <i>271</i>

Vendor Information

I hereby certify that the applicant has received or will receive the item(s) as authorized and the information provided is true and accurate.

Vendor Business Name <i>Epic Systems</i>	ADP Vendor Registration Number <i>457160</i>
Vendor Representative's Last Name <i>Fleming</i>	Vendor Representative's First Name <i>Harmony</i>
Position Title <i>Claims Administrator</i>	Business Telephone Number <i>613-913-8933</i> ext. <i>763</i>
Vendor Location <i>422 Meadowlark Lane</i>	
Vendor Representative's Signature	Date Signed (yyyy/mm/dd) <i>2002-07-05</i>
	Vendor Invoice Number <i>445</i>

Equipment Specifications

ADP Device Code	Description of Item (Make & Model)	Serial Number	ADP Portion (\$)	Client Portion (\$)
<i>21036</i>	<i>Ethicon Echelon</i>	<i>43610</i>	<i>381.77</i>	<i>150.68</i>
<i>71517</i>	<i>Gyneas Pessary</i>	<i>89113</i>	<i>288.16</i>	<i>374.88</i>
<i>29504</i>	<i>Gyneas Pessary</i>	<i>61039</i>	<i>299.54</i>	<i>752.4</i>
<i>67590</i>	<i>KLS Martin</i>	<i>20059</i>	<i>998.16</i>	<i>485.16</i>
<i>63614</i>	<i>3M Littmann</i>	<i>88453</i>	<i>617.01</i>	<i>498.96</i>
<i>96548</i>	<i>Drager Evita</i>	<i>32457</i>	<i>69.55</i>	<i>101.01</i>
<i>26022</i>	<i>Drager Evita</i>	<i>78273</i>	<i>103.23</i>	<i>641.25</i>

This page must be completed and submitted