

HCMG Pulmonary  
4725 N Federal Hwy, Ste 203  
Fort Lauderdale FL 33308-4603  
Phone: 954-491-8981  
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Date: Apr 27, 2023

**CPAP DME** (Order ID: 701783674)

**Order Date:** 4/27/2023

**Diagnosis:** Obstructive sleep apnea, adult (G47.33)

**Quantity:** 1

Height:

Weight:

Scheduling Instructions: If the AHI or RDI is calculated based on less than 2 hours of sleep or recording time, the total number of recorded events used to calculate the AHI or RDI must be at least the number of events that would have been required in a 2 hour period.

The face-to-face evaluation was completed by:

*Reason(s) for Script: New prescription (AND ALL RELATED SUPPLIES)*

*Additional providers who completed a face to face evaluation of the patient: SORHAGE, FRANK [50595]*

*Changes Only: (AUTO UNIT L=5/H=20)*

*Tubing: (A7037) Reusable tubing (1/3mo)*

*Tubing: (A4604) Heated tubing (1/3mo)*

*Type of Interface and Accessories: (A7038) Disposable filter (2/1mo) (MASK FIT TO PATIENTS COMFORT)*

*Type of Interface and Accessories: (A7039) Reusable filter (1/6mo)*

*Type of Interface and Accessories: (A4604) Heated tubing (1/3mo)*

*Type of Interface and Accessories: (A7046) Humidifier Chamber (1/6mo)*

*Length of Need 12 Months: (99)*

*The AHI is from 5 to 14 events per hour with documented symptoms of: (OSA G47.33)*

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary:	MEDICARE	40000101		
Secondary:	AARP	10000701		

Electronically Signed by  
on Apr 27, 2023, at 5:18 PM