



ResMed DVA receipt of product form

123456	L	LUCK
DVA file number	First initial	Surname
6 CHRYSTAL STREET		
Address 1	Address 2	Address 3
PADDINGTON	QLD	4064
Town/City	State	Postcode
<hr/>		
Date DVA client received product		

1	1	1	EXAMPLE PRODUCT 1
ResMed item #	Lot or serial #	Quantity	Description
2	2	1	EXAMPLE PRODUCT 2
ResMed item #	Lot or serial #	Quantity	Description
3	3	1	EXAMPLE PRODUCT 3
ResMed item #	Lot or serial #	Quantity	Description
<hr/>	<hr/>	<hr/>	<hr/>
ResMed item #	Lot or serial #	Quantity	Description
<hr/>	<hr/>	<hr/>	<hr/>
ResMed item #	Lot or serial #	Quantity	Description

By signing this form, I agree I have received the above listed products and understand their use.

<hr/>	<hr/>
Signature of DVA client	Date



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REPORT-PAP	SERVICE CLINICAL	1	PAP COMPLIANCE DOWNLOAD REPORT
ResMed item #	Lot or serial #	Quantity	Description
VISIT-PAP	SERVICE CLINICAL	1	PAP CONSULTATION
ResMed item #	Lot or serial #	Quantity	Description
50DIST	SERVICE TRAVEL	1	DELIVERY
ResMed item #	Lot or serial #	Quantity	Description
ResMed item #	Lot or serial #	Quantity	Description
ResMed item #	Lot or serial #	Quantity	Description

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Signature of DVA client	Date
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CPAP Select DVA Check List – Existing Client

Client Name:

Date:

	Tick
Contact client to organise delivery	
Take stock required	
Create invoice – DO NOT forget DVA file number on invoice	
Complete product form – MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK	
Fitting guides – if patient is getting a different mask	
Delivery	
Next day – Make CLEAR notes about delivery/service provided	
Add client onto CALENDAR for when they are due for spare parts/new mask Eg. 3 months, 6 months, 9 months and 12 months	
Client has signed CPAP Select letter and Resmed Letter	

CPAP Select DVA Check List – New Client

Client Name: Lewis Luck

Date: 09/01/2021

	Tick
Contact client to organise delivery	
Take stock required	
Enter client onto system	
Create invoice – DO NOT forget DVA Number on invoice	
Set CPAP machine with correct settings from rap request	
Complete product form – MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK	
Follow Up Letter for new Setups	
CPAP Select Letter and Resmed Letter	
Fitting guides	
Add client onto airview	
Delivery	
Next day – Make CLEAR notes about delivery/service provided	
Add client onto CALENDAR for when they are due for spare parts/new mask Eg. 3, 6 months, 9 months and 12months	

Notes: Please write down any notes from deliveries. Eg. If clients need anything else or are having any issues.

When everything is done and ticked give all forms back to Tia. **PLEASE** ensure all information is **CORRECT** on the system and product form including Client's DVA Number. **PLEASE** read rap requests properly to make sure that we claim the correct services and **AVOID** claims cancellation.