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 invo	oice	
Complete product form – MAKE SURE YOU HAVE WRIT		
NUMBER ON THE BACK		
Fitting guides – if patient is getting a different mask		
Delivery		
Next day – Make CLEAR notes about delivery/service pr	ovided	
Add client onto CALENDAR for when they are due for sp	pare 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:	Date:	
Contact client to erganico delivery	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 reques		
Complete product form – MAKE SURE YOU HAVE WRIT NUMBER ON THE BACK	TEN CLIENT PHONE	
Follow Up Letter for new Setups CPAP Select Letter and Resmed Letter		
Fitting guides Add client onto airview		
Delivery	covided	
Next day – Make CLEAR notes about delivery/service pr		
Add client onto CALENDAR for when they are due for sp	pare parts/new mask	
Eg. 3, 6 months, 9 months and 12months		
Notes: Please write down any notes from deliveries. Eg. I any issues.	f clients need anything else or are hav	ing

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.