



## ResMed DVA receipt of product form

\_\_\_\_\_  
DVA file number                      First initial                      Surname

\_\_\_\_\_  
Address 1                      Address 2                      Address 3

\_\_\_\_\_  
Town/City                      State                      Postcode

\_\_\_\_\_  
Date DVA client received product

\_\_\_\_\_  
ResMed item #                      Lot or serial #                      Quantity                      Description

\_\_\_\_\_  
ResMed item #                      Lot or serial #                      Quantity                      Description

\_\_\_\_\_  
ResMed item #                      Lot or serial #                      Quantity                      Description

\_\_\_\_\_  
ResMed item #                      Lot or serial #                      Quantity                      Description

\_\_\_\_\_  
ResMed item #                      Lot or serial #                      Quantity                      Description

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

\_\_\_\_\_  
Signature of DVA client                      Date

### 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 – <b>MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK</b>                                 |      |
| 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<br>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:

|   | 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 – <b>MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK</b>                         |      |
| 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<br>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.

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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.