



Tax Id: 03-0455141
Phone: 855.281.2727
Fax: 855.773.0444
CPAPMedical.com

Fax order form for CPAP setup and supplies

Patient Information

Name: _____
Address: _____
City: _____
State, Zip code: _____
Phone: _____
Date of Birth: _____

Insurance Information

Primary Ins. Name: _____
Primary Ins. Number: _____

Prescription Information

Date: _____
Dx: _____
ICD-9: _____
Length of need
(99=lifetime): _____

Service Request(Check all that apply):

- ☐ **Setup on PAP device and provide replacement supplies:** Includes mask, tubing, filters, headgear and chinstrap. OSA diagnosis(32723), End date for lifetime usage(99 days), CPAP/AUTO-E0601, BIPAP-E0470, BIPAP SV/ST-E0471, heated humidifier-E0562 & water chamber-A7046
- ☐ **Replacement supplies:** Includes mask, tubing, filters, headgear and chinstrap(if indicated). OSA diagnosis 32723 lifetime use. Mask/Interface-A7027 – A7034, Tubing-A7037 or A4604, Headgear & Chinstrap-A7035 & A7036, Filters-A7038 or A7039
- ☐ **Provide battery and required accessories:** Battery(E1399), DC cord for device
- ☐ **Deployment Bag with battery:** This includes supplies for 12 months, unless the duration of deployment period is otherwise specified. Mask/Interface-A7027 – A7034, Tubing-A7037 or A4604, Headgear & Chinstrap-A7035 & A7036, Filters-A7038 or A7039, Battery(E1399), DC cord for device.
Deployment period _____

Device		HCPCS	Device Settings		
<input type="checkbox"/>	CPAP*	E0601	Pressure: _____		
<input type="checkbox"/>	Autopap*	E0601	Low: _____	High: _____	
<input type="checkbox"/>	BiPAP*	E0470	IPAP: _____	EPAP: _____	
<input type="checkbox"/>	BiPAP SV*	E0471	Min: _____	Max: _____	EEP: _____
<input type="checkbox"/>	BiPAP ST*	E0471	Min: _____	Max: _____	EEP: _____

* Heated humidifier included w/ device unless otherwise specified: _____

Mask Type: ☐ Nasal pillow ☐ Nasal ☐ Full face ☐ Other: _____
☐ Chinstrap

Any Special Instructions: _____

Physician Name: _____ Date: _____
Physician Signature: _____ Physician NPI#: _____
Physician Phone: _____ Physician Fax: _____

Fax this order to: 855.773.0444

Access 6 months of this patient's compliance reports at CPAPMedical.com