Supreme healthcare

PAP REFERRAL FORM

To place an order, please complete and FAX to: (909) 657 - 9990 or call Tel: (909) 657 - 5557

Patient Name: _____ **DOB:** _____ **RX Date:** _____

Address: _____ **City:** _____ **CA/Zip:** _____

Phone Number: _____

Diagnosis: ☐ OSA (G47.33) ☐ Central Sleep Apnea (G47.31) ☐ Complex Sleep Apnea (G47.31)

Other: _____ Length of Need**:** ____99____ (If lifetime, use 99**)**

PAP Equipment

☐ AUTO CPAP Minimum Pressure_____CmH2o Maximum Pressure_____CmH2o

☐ CPAP _____ CmH_2O ☐ BIPAP IPAP _____ EPAP_____

☐ BIPAP ST/ASV_____ IPAP _____ EPAP _____ Back-up Rate _____(other settings)

☐ E0562 Heated Humidifier with A7046 Humidifier Chamber

PAP Supplies

☐ **NASAL PILLOWS** (A7035 Headgear 1/6 months, A7034 Nasal Mask Frame 1/3 months, A7033 Nasal Pillow 2/month)

☐ **NASAL MASK** (A7035 Headgear 1/6 months, A7034 Nasal Mask Frame 1/3 months, A7032 Nasal Cushion 2/month)

☐ **FULL FACE MASK** (A7035 Headgear 1/6 months, A7030 Full Face Mask Frame 1/3 months, A7031 Full Face Cushion 1/month)

☐ **MASK FIT** (A7035 Headgear 1/6 months, A7034 Nasal Mask Frame 1/3 months, A7033 Nasal Pillow 2/month, A7032 Nasal Cushion 2/month, A7030 Full Face Mask Frame 1/3 months, A7031 Full Face Cushion 1/month)

TUBING

☐ A4604 Heated Tubing 1/3 months or A7037 Standard Tubing 1/3 months

Filters

☐ A7038 Disposable Filters 2/month and/or A7039 Filter, Non-Disposable 1/6 months

☐ A7036 Chinstrap Device 1/6 months

Respiratory Services

☐ RT Evaluation ☐ CPAP/Bi-PAP Supplies/Mask Fitting ☐ Overnight Pulse Oximetry Test

Comments/Other Orders:

I hereby certify that the services are medically necessary and are authorized by me. The patient is under my care and is in need of the service listed.

Physician's Printed Name: _____ NPI: _____ Fax: _____

Physician's Signature: _____ Signature Date: _____

Please provide a copy of sleep study and face-to-face chart notes prior to sleep study with the order

Medicare requires the Signature and Signature Date be completed by a PECOS enrolled MD, DO, PA, NP, or CNS