

PAP Compliance

Patient: M|SITE.SHIP_TO_NAME

Email Address:

Account #: M|CUSTOMER.PATIENT_ID

Setup Date:

Equipment Type: CPAP (E0601) BiPAP (E0470) RAD (E0471)

Tracking Vendor: ResMed Phillips Respironics

Equipment S/N:

Modem SN/DN #:

Thank you for choosing Assist Home Care, Inc. a wholly owned subsidiary of Aero Mobility Inc. for your CPAP / BiPAP respiratory therapy needs. PAP (Positive Airway Pressure) therapy works best when used every night for the entire time you are sleeping as prescribed by the physician and mandated by your insurance Company. It can prevent, or reverse serious health risks and consequences attributed to sleep related conditions.

PLEASE NOTE: Your insurance will pay for your CPAP or BiPAP for the first 90 days as a **trial period**. After your **trial period** your insurance will only continue to pay for the unit, if you have met your insurance's therapy compliance requirements. **Compliance may be verified every 90 days and you must be at 70% and above.** Patient must meet compliance for any resupplies.

Compliance Requirements

Use Nightly -

Use your machine at least 4 hours a night 70% of the time for 30 consecutive days in a 90-day period.

Share your Compliance Data -

Your machine is recording your therapy compliance in two-ways, Modem and Data Card.

Modem

Data Card

Unit is equipped with wireless modem that collects and securely transmit therapy. Your unit must be downloaded. Call and schedule a download of your data card.

Schedule a Follow-Up Doctor Visit - Medicare Guideline - A follow-up appointment must be completed by the physician documenting patient usage and benefit from the PAP after **days.**

From Date (mm/dd/yyyy):

To Date (mm/dd/yyyy):

Patient or Patient's Representative	M DRIVER.FIRST_NAME M DRIVER.LAST_NAME	M C CURRENTDATE
Relationship to Patient: (if not 'Self')	Technician	Date
Reason Patient Could Not Sign:		