



Dear Patient,

This notice is to inform you that insurance covers a CPAP or BIPAP for the initial 90-days based upon specific medical criteria. Your insurance requires the treating physician to perform a clinical re-evaluation to document that the patient is benefiting from the prescribed treatment.

This is demonstrated by:

- 1.) A face-to-face clinical session with a treating physician
- 2.) An objective finding by the treating physician that the initial symptoms have improved and evidence of the adherence of the use of PAP device from compliance date are evident.

Our records indicate that you received your equipment on _____ and the documented clinical finding must be provided to the company within 90-days of the above date of service. We encourage you to schedule your face-to-face appointment with your doctor soon to avoid missing the required completion date.

Please be advised that insurance will not cover use of the equipment if this is not completed by the 90th day and the patient is thereafter financially responsible for the monthly rental of equipment.

Please do not hesitate to contact us with any questions.

Thank you,

Patient Signature _____ Date _____