



Medicare Physician's Statement

Patient CPAP Compliance

Doctor

Dear Doctor:

SleepEasy Therapeutics provides a CPAP machine and accessories for your patient identified in the left-hand column. Medicare asks us to verify the patient still requires this equipment. Please complete the questions below and **fax to our office at 701-356-5798**. If either you or your staff need assistance, please call our office at 701-364-0589.

Patient

DOB:

Diagnosis:

Equipment ordered:

Prescribed date:

Recert/revised date:

Length of need:

1. Approximately how many hours per day is the patient using the CPAP unit?

_____ hours

2. Is the patient benefiting from the use of the CPAP unit?

Yes No

3. Do you recommend continued use of the CPAP unit for this patient?

Yes No

Physician Signature: _____

Date: _____

Insurance

- Medicare reg.
- BCBS of ND
- Self-pay patient