



Phone: 800-273-9114 Fax: 877-339-0180  
www.Optigen.net

*The leader in Sleep Therapy for the military and their families.*

### FAST FAX FOR CPAP SERVICES

Patient Name: \_\_\_\_\_  
Last First

Patient DOB: \_\_\_\_\_  
mm/dd/yyyy

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

Date: \_\_\_\_\_

Dx: \_\_\_\_\_ ICD-9 \_\_\_\_\_

Phone: \_\_\_\_\_  
Include area code

Length of need: 99 Months or \_\_\_\_\_  
99= Lifetime

Primary Insurance Name: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Secondary Insurance Name: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

#### SERVICES REQUESTED:

- SETUP ON PAP DEVICE and PROVIDE ALL REPLACEMENT SUPPLIES. This includes mask, tubing, filters, headgear and chinstrap.
- PROVIDE REPLACEMENT SUPPLIES ONLY. This includes mask, tubing, filters, headgear and chinstrap if indicated.
- PROVIDE DEPLOYMENT PACK (Supplies for duration of deployment period).

Please indicate required equipment for setup or supplies:

- CPAP \* Pressure setting: \_\_\_\_\_
  - AutoPAP\* Low Setting: \_\_\_\_\_ High Setting: \_\_\_\_\_
  - BiPAP\* IPAP Pressure: \_\_\_\_\_ EPAP Pressure: \_\_\_\_\_
  - SV\* Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_ EEP: \_\_\_\_\_
- \* Heated Humidifier included with device unless otherwise indicated: \_\_\_\_\_

Chin Strap

Mask Type:  Nasal Pillow  Nasal  Full Face  Other \_\_\_\_\_ (Specify)

Any Special Instructions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**30 Day compliance download information provided at [www.Optigen.net](http://www.Optigen.net)**

## FAX TO: 877-339-0180

*We are proud to serve those who serve our county.*