MMS MILITARY MEDICAL SUPPLIES
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CPAP/BiPAP Device and Supplies Detailed Written Order

ALL FIELDS REQUIRED

Date: _____

Patient Name: _____ *DOB:* _____

Patient Address: _____

City: _____ *State:* _____ *Zip:* _____

Patient Cell: _____ *Patient Email:* _____

Patient Benefits Number (11digits): _____

Check Type of Pap Device Needed

- ☐ E0601 CPAP / AUTO w/E0562 Humidifier
- ☐ E0470 BIPAP / AUTO w/E0562 Humidifier
- ☐ E0471 BIPAP SV / ST w/E0562 Humidifier

DX: _____ *ICD 10:* _____ *Length of need 99 Months or:* _____

Pressure Setting: _____

Special Instructions: _____

Mask Preference if indicated: _____

The following PAP supplies to be provided as covered by insurance will allow for patient mask preferences fit & Compliance

- ☐ A4604 — 1 per 3 mo. Tubing with Integrated Heating Element for use with PAP Device
- ☐ A7027 — 1 per 3 mo. Combination Oral/Nasal Mask used with CPAP Device
- ☐ A7030 —1 per 3 mo. Full Face Mask used with PAP Device
- ☐ A7031 — 1 per 1 mo. Face Mask Interface, Replacement for Full Face Mask
- ☐ A7032 — 2 per 1 mo. Cushion for use on Nasal Mask Interface, Replacement only
- ☐ A7033 — 2 per 1 mo. Pillow for use on Nasal Cannula Type Interface, Replacement Only (Pair)
- ☐ A7034 —1 per 3 mo. Nasal Interface used with PAP Device with or without Head Strap (mask or cannula type)
- ☐ A7035 —1 per 6 mo. Headgear used with PAP Device
- ☐ A7036 — 1 per 6 mo. Chinstrap used with PAP Device
- ☐ A7037 —1 per 3 mo. Tubing used with PAP Device
- ☐ A7038 — 2 per 1 mo. Filter, Disposable used with PAP Device
- ☐ A7039 - 1 per 6 mo. Filter, Non Disposable, used with PAP Device
- ☐ A7046 —1 per 6 mo. Water Chamber for Humidifier, used with PAP Replacement

Physician Name (Print): _____ *Phone:* _____ *Date* _____

Physician Signature: _____ *NPI#:* _____

Clinical support and periodic compliance reporting available