
Fax these instructions to: (800) 497-8856

PLEASE PRINT CLEARLY

Patient Name: _____ DOB: _____ Date: _____
Patient Address: _____ City: _____ State: _____ Zip: _____
Patient Cell: _____ Home Phone: _____ Sponsor SS#: _____

PAP ORDER (Please check all that apply)

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

Check Type of PAP Device Needed

E0601 CPAP / AUTO
w/E0562 Humidifier

E0470 BIPAP / AUTO
w/E0562 Humidifier

E0471 BICPAP SV / ST
w/E0562 Humidifier

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

A7035 – 1 per 6 mo. Headgear used with PAP Device

A7027 – 1 per 3 mo. Combination Oral/Nasal Mask used with CPAP Device

A7036 – 1 per 6 mo. Chinstrap used with PAP Device

A7030 – 1 per 3 mo. Full Face Mask used with PAP Device

A7037 – 1 per 3 mo. Tubing used with PAP Device

A7031 – 1 per 1 mo. Face Mask Interface, Replacement for Full Face Mask

A7038 – 2 per 1 mo. Filter, Disposable used with PAP Device

A7032 – 2 per 1 mo. Cushion for use on Nasal Mask Interface, Replacement only

A7039 – 1 per 6 mo. Filter, Non Disposable, used with PAP Device

A7033 – 2 per 1 mo. Pillow for use on Nasal Cannula Type Interface, Replacement Only (Pair)

A7046 – 1 per 6 mo. Water Chamber for Humidifier, used with PAP Replacement

A7034 – 1 per 3 mo. Nasal Interface used with PAP Device with or without Head Strap (mask or cannula type)

Physician Name: _____ Phone: _____ Date: _____

Physician Signature: _____ NPI: _____

Clinic: _____

Personal clinical support and 30 day compliance information available.

Questions? Call us at (800) 270-6990
info@militarymedical.us.com

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