

Patient Name & Account #:

We are contacting you for your 90 day CPAP therapy follow up. Please call us at the number on this letter or return this questionnaire. This compliance letter is required every 90 days by your insurance company.

1. Are you currently seeing the same doctor that ordered your CPAP machine?: YES___ NO___
 - a. If not, please indicate current doctor: _____
2. How many HOURS a night do you use your machine?: _____
3. How many NIGHTS per week are you using your machine?: _____
4. Are you having any Daytime Sleepiness?: YES___ NO___
5. Are you experiencing Headaches?: YES___ NO___
6. Is your insurance and residence still the same?: YES___ NO___
 - a. If no, please provide updated information:

7. If you are having problems with your machine, pressure, or supplies please call me at (330) 572-1011, ext. 178 to make your appointment with our staff therapist.
8. If you are having daytime sleepiness or any other problems with sleep, and if it is interrupting your day, please contact your doctor. Adjustments may need to be made to your CPAP therapy.

SUPPLIES:

Please indicate what supplies you are in need of at this time:

30 Day Supplies: Cushions/Pillows: YES___ NO___, Size: _____ Filters: YES___ NO___

90 Day Supplies: Tubing: Standard ___ OR Heated ___

Mask: YES___ NO___, If you have more than one mask, which do you wish to be sent:

180 Day Supplies: Headgear: Yes___ NO: _____ (only if this is separate from your mask)

Water Chamber: Yes: ___ No: _____

Chin Strap: Yes: ___ No: _____ (separate from full face mask)

Patient Comments:

BILLING CONCERNS: If you have a delinquent balance, call (330) 923-6606 to set up payment arrangements before ordering CPAP Supplies. It is your responsibility to contact your insurance company regarding your cost of supplies. If deductibles are not met, supply costs will be applied to your deductible and insurance will pay according to your co-insurance. If deductible is not met, you are responsible for co-insurance costs until your deductible and out of pockets have been met. Our financial policy states supplies will not be sent if you have a balance over \$200.

Our office will be contacting you every 90 days to follow up with your CPAP therapy and supplies. Thank you for your time.

Patient Care Coordinator, Unity Health Network, LLC
701 White Pond Dr., Akron, OH 44320
(330) 572-1011, ext. 151



Note: The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the intended recipient only. Federal and Ohio laws protect patient medical information that may be disclosed in this e-mail. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, dissemination, distribution, disclosure, or copying of the contents is prohibited. If you have received this email in error, please notify the sender immediately.