



**CAPE MEDICAL
SUPPLY**

PAP ORDER /INSURANCE REQUIREMENTS

Our goal is to begin treating your patient's sleep apnea as soon as possible. To do that we need your help by sending along with your prescription, the documents listed below. To assist you with this please use the checkboxes below next to the documents required by your patient's insurance provider.

- ✓ Face to Face evaluation documenting suspicion for sleep apnea.
(Consult or office visit notes done prior to sleep study by a PCP or specialist)
- ✓ Sleep Study (Can be all night diagnostic, or split night).
- ✓ Patient name, demographics, phone numbers, e-mail address
- ✓ Insurance information including ID#
- ✓ Detailed prescription that includes each ordered supply, device pressure filled out, signed and dated by MD with NPI#
Medicaid patients require order on physician script pad.

Thank you for your cooperation in helping us to serve your patient!

Please fax to: **Cape Medical Supply**

(508) 888-6087

Convenient Locations Across New England

Call (800) 339-3322

*If the insurance requires prior authorization,
Please allow extra time for approval.*

CapeMedical.com