



25790 Commerce Dr. ■ Madison Heights, Michigan 48071 ■ Phone: 586.755.3830 ■ Fax: 586.755.3878 ■ www.northwoodinc.com

Dear Blue Cross Blue Shield Member,

Northwood's network of Durable Medical Equipment (DME) providers are partnering with Blue Cross Blue Shield of Michigan and your physician to make sure you receive the maximum benefit from your Positive Airway Pressure (PAP) treatment.

To receive the maximum benefit from PAP treatment, you must be compliant with your therapy by using the PAP device for at least 4 hours each night for at least 21 nights during a 30 day period, or as prescribed by your treating physician.

Your PAP machine has been authorized for 3 months. In order to continue coverage for your PAP device beyond 3 months, you need to:

1. Document Your Compliance with the PAP Treatment

Your PAP device is equipped with a read-out function and removable memory card that records your usage of the device. Your DME provider will educate you on how to provide this information by either bringing the memory card to the DME provider or how to use an online software application to verify the compliance information.

2. See Your Treating Physician

A face-to-face evaluation by your treating physician is required between the 31st and 91st day after receiving the PAP device. Your physician will need to document that your symptoms have improved.

If you're compliant with PAP treatment and your physician documents the effectiveness of PAP treatment for your symptoms, your benefit coverage for PAP treatment will continue.

If you are found to be non-compliant with your PAP treatment, it has not improved your symptoms or the PAP device is no longer prescribed by your physician, your benefit coverage for this device and related accessories, will not continue. If that happens, you will be notified, and you must return the device to the DME provider or you will be responsible for any balance.

Member Acknowledgement: *I have read and understand my responsibilities to follow the above treatment compliance terms associated with my PAP device. I understand that if ongoing PAP benefit coverage is not approved and I don't return the device to the DME provider, I will be financially responsible for any applicable costs for the device.*

Member's Signature: _____ Date: _____

Print Name: _____



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Member ID/Contract Number: _____

DME Provider Representative Name: _____

We would like to provide you with some additional resources for information on sleep apnea and treatments including PAP treatment. By treating your sleep apnea, you improve your sleep and reduce daytime sleepiness, improving your quality of life. Proper treatment of sleep apnea may also lower your risk for high blood pressure, heart disease and other health conditions associated with sleep apnea. You can view this information on the internet at the National Heart, Lung, and Blood Institute websites below:



<http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/>

<http://www.nhlbi.nih.gov/health/health-topics/topics/sleepapnea/>