



# CPAP/BiPAP Purchase, With or Without Humidifier

PacificSource will convert your rental to a purchase approval when documentation is received on patient compliance and treatment effectiveness. Please submit this form with your claim for purchase.

## Request for Purchase

Date of Request \_\_\_\_\_ Request Submitted By \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient ID Number \_\_\_\_\_

Patient Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ HCPCS Codes \_\_\_\_\_

Ordering Physician \_\_\_\_\_

## Request for Purchase

Prior to approval of payment for purchase of a machine after the three-month rental period, the ordering physician must document:

Patient is compliant with treatment plan

Treatment is effective

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

If your billing agent is not at your location, you may submit this completed form separately by faxing it to **(541) 225-3632**, or by mailing the form to:

**PacificSource Health Plans  
Attn: Claims Department  
PO Box 7068  
Springfield, OR 97475**

## Continued Rental

If continued rental rather than purchase is desired, please submit a Prior Authorization request online via InTouch, PacificSource.com/aboutproviderintouch or fax a Prior Authorization form to (541) 225-3625.

**Coverage is dependent upon available contract benefits for services requested.**