

DME Encounter Form

Patient's name: _____ Billing Type: _____

PT ID: _____ Billing Notes: _____

DOB: _____ Purchase or Rental – Months: _____

Service Type

- | | | |
|--|--|---|
| <input type="checkbox"/> New CPAP Set-up | <input type="checkbox"/> New Bi-Level Set-up | <input type="checkbox"/> Mask Exchange |
| <input type="checkbox"/> New Supplies | <input type="checkbox"/> Warranty Exchange | <input type="checkbox"/> Return Equipment |
| | | <input type="checkbox"/> Other _____ |

Supplying location

- Corporate Northwest OKC Tulsa

Convenience location

- Norman Edmond

Date of Service: _____ Appointment time: _____

DME technician: _____ Signature: _____

Appointment notes: _____

CPAP / Bi-Level codes

- | | | |
|---|--|---|
| <input type="checkbox"/> E0601 CPAP Machine | <input type="checkbox"/> A7027 Oral/Nasal Mask | <input type="checkbox"/> E0562 Heated Humidifier |
| <input type="checkbox"/> E0470 Bi-Level Machine | <input type="checkbox"/> A7030 Full Face Mask | <input type="checkbox"/> A7046 Humidifier Chamber |
| <input type="checkbox"/> E0471 Bi-Level w/rate | <input type="checkbox"/> A7034 CPAP Nasal Mask | |

CPAP accessories

- | | | |
|--|--|--|
| <input type="checkbox"/> A7037 6' Tubing | <input type="checkbox"/> A7028 Oral/Nasal Mask Cushion | <input type="checkbox"/> A7035 Headgear |
| <input type="checkbox"/> A4604 Heated Circuit Tubing | <input type="checkbox"/> A7031 FFM Cushion | <input type="checkbox"/> A7036 Chinstrap |
| <input type="checkbox"/> A7038 Disposable Filter | <input type="checkbox"/> A7032 Nasal Mask Cushion | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> A7039 Permanent Filter | <input type="checkbox"/> A7033 Nasal Pillows | |

Device MFG: _____ Mask Type: _____

Model: _____ Mask Size: _____

Machine SN#: _____ Humidifier SN#: _____

Patient Payment Agreement

Deductible Remaining: _____ Estimated Cost: _____

Time of Service Payment Amount: _____ Payment Type: _____

Payment Arrangements: _____

Patient Signature: _____ Date: _____

NOCTURNA Sleep Therapy

210 Park Avenue
Suite 1350
Oklahoma City, OK 73102
405-600-1950

3613 NW 56th Street
Suite 100
Oklahoma City, OK 73122
405-917-2329

4735 E. 91st Street
Suite 120
Tulsa, OK 74137
918-728-3361