CPAP COVERAGE
Request

Instructions

1. **Residents of Saskatchewan, Manitoba and Ontario: For CPAP machines,** you must apply for coverage through your provincial health program before submitting a claim or estimate to GMS.
2. Complete section A and have your physician complete sections B, C and D. For supplies only, complete sections A, B and D.
3. We recommend submitting an estimate to confirm eligibility and coverage before purchasing a CPAP machine.
4. Submit this request form with a claim form and include all receipts/estimates. We recommend keeping copies for your records.
5. Claims can be submitted by logging into your My GMS account and sending them to us online or by mailing to: Claims, Group Medical Services, 2055 Albert Street, PO Box 1949 Regina, SK S4P 0E3

A. Personal Information

First Name	Last Name	GMS ID Number

B. Medical Diagnosis *(to be completed by referring physician)*

a. What sleep study did the patient participate in?
Level 1 ☐ or Level 3 ☐

b. Please provide the AHI/RDI number from the sleep study diagnostic report:
_____

c. If mild OSA, please advise if:
☐ patient has other medical conditions/comorbidities. Please specify:
_____
_____

☐ patient works in a safety-sensitive occupation. Please specify:
_____
_____

C. Machine Request *(to be completed by referring physician)*

Is this an initial or replacement CPAP machine? *(please only select one)*

☐ **C1. Initial CPAP machine**

What type of device are you prescribing the patient?
_____

☐ **C2. Replacement CPAP machine**

a. What was the patient's previous device? _____
b. When did the patient get the previous device? *(DD/MM/YYYY)* _____
c. What is the patient's new device? _____
d. Please advise why the patient needs a new machine/reason why they are getting a different type of machine.
_____

D. Declaration *(to be completed by referring physician)*

I declare that the information provided is true, correct and complete.

Physician Name	Physician Registration Number
Physician Designation	Phone Number ( ) –
Referring Physician's Signature **X**	Date *(DD/MM/YYYY)*