

MEDICARE'S COVERAGE CRITERIA

NOTIFY DASCO IMMEDIATELY IF:

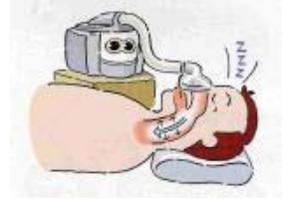
•YOU ARE HAVING PROBLEMS ADJUSTING TO YOUR EQUIPMENT THAT ARE PREVENTING YOU FROM USING IT OVER 4 HOURS A NIGHT BEYOND THE FIRST 2 WEEKS OF USAGE.

•YOU HAVE A MEDICAL CONDITION THAT PREVENTS YOU FROM USING THE MACHINE OVER 4 HOURS PER NIGHT FOR 5 OR MORE DAYS.

•YOU ARE HOSPITALIZED OR WILL BE TEMPORARILY STAYING IN A SKILLED NURSING FACILITY.

FOLLOW UP APPOINTMENT:

Medicare requires you to see your treating physician for a follow up between day 31 and 91 after commencement of sleep therapy.



USAGE GUIDELINES

Medicare requires you to use your sleep therapy machine for over 4 hours per night for 21 out of 30 consecutive days to continue coverage of your machine and supplies beyond the first 90 days. You must meet this requirement within the first 90 days of beginning therapy.

WHAT IF I DON'T MEET MEDICARE'S REQUIREMENTS IN 90 DAYS?

Option #1 – You return the equipment and discontinue sleep therapy

Option #2 – You purchase the machine and all future supplies at your own expense
(estimated cost of machine is over \$1000.00)

Option #3 – You may be able start a new 90 day trial on a BiPAP machine
(this option may not be available for all patients and requires an order from your doctor)

It is your responsibility to:

- Use the machine for over 4 hours a night for 22 of 30 consecutive days
- See your treating physician between the 31st and 91st day of initiating therapy for a follow up
- Notify DASCO immediately of any problems or changes in circumstance that prevent you from using the machine
- Accept DASCO's follow up calls, attend any scheduled follow up appointments with DASCO representatives, and return any data cards when prompted by DASCO

SLEEP THERAPY LOG

Use these 30 day logs to track your progress by documenting the date and hours used **or** by marking the days you have used your machine over 4 hours. This log cannot be used in place of the downloaded report from your machine's data card and is only intended to be a guide to help you meet Medicare's requirements within the initial 90 days of therapy.

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| 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 49 | 50 | 51 | 52 | 53 | 54 |
| 55 | 56 | 57 | 58 | 59 | 60 |

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|----|----|----|----|----|----|
| 61 | 62 | 63 | 64 | 65 | 66 |
| 67 | 68 | 69 | 70 | 71 | 72 |
| 73 | 74 | 75 | 76 | 77 | 78 |
| 79 | 80 | 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 | 89 | 90 |