

PAP Compliance Fax Cover Sheet



Please fax (866-999-3510) or email (sleeptherapysupport@evicore.com) the following documents to eviCore to request PAP compliance authorizations:

1. This completed compliance cover sheet.
2. The short summary compliance form obtained from the PAP device manufacturer's software (If noncompliant please include an explanation and supporting notes).

Name of person filling out this form		Today's Date:	
Member Name:		DOB:	
Health Plan ID#:			
Initial Auth #			
2	Physician Name:		NPI:
	Address:		City / Zip:
	Phone:		Fax:
3	DME Provider:		TIN:
	Address:		City / Zip:
	Phone:		Fax:
4	A) Manufacturer of PAP machine?		
	B) Machine type: E0601 E0470 E0471		
5	Please answer the following regarding PAP usage during the first 3 months of therapy:		
	A). What date did this member start PAP therapy?		
	B). Have the patient's symptoms improved based upon a conversation with the patient or the treating physician during this initial period of PAP therapy? Yes or no		

Health Plan: First Choice by Select Health

eviCore healthcare | www.eviCore.com | 400 Buckwalter Place Blvd • Bluffton, SC • 29910 | 800.918.8924