

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: 30-Day CPAP Compliance Review

Dear [Patient Name],

We are writing to follow up on your progress during the first 30 days of your CPAP therapy. Our records indicate that you began your treatment on [Start Date].

As part of your treatment plan and insurance requirements, we have reviewed your device usage data. The summary of your usage is as follows:

- Total days monitored: [Number of Days]
- Percentage of days used: [Percentage]%
- Average hours of use per night: [Hours]

**Status:** [Meeting Compliance / Not Meeting Compliance]

To ensure the effectiveness of your treatment and to meet standard insurance coverage criteria, it is generally required that you use the device for at least 4 hours per night on 70% of the nights.

If you are experiencing any difficulties, such as mask discomfort, air leaks, or difficulty falling asleep with the device, please contact our office at [Phone Number]. Our clinical team is available to help you make adjustments for a more comfortable experience.

We will perform another review at the 90-day mark. Please continue to use your CPAP every night to achieve the best health outcomes.

Sincerely,

[Name of Provider/Sleep Center]

[Contact Information]