

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important: Action Required for CPAP Insurance Compliance

Dear [Patient Name],

We are contacting you regarding your CPAP therapy. Our records indicate that your current usage data does not yet meet the minimum compliance requirements set by your insurance provider, [Insurance Company Name].

Most insurance companies require that the CPAP machine be used for at least 4 hours per night for 70% of the nights within a consecutive 30-day period. Failure to meet these requirements may result in the insurance company denying coverage, which could require the return of the equipment or personal financial responsibility for the remaining balance.

To ensure your therapy remains covered, please follow these steps:

- Increase your usage to at least 4 hours every night.
- Ensure your machine is connected to cellular data or Wi-Fi for automatic data transmission.
- Contact our office if you are experiencing discomfort, mask leaks, or technical issues.

If you are struggling to adjust to the therapy, our clinical team is available to assist you with mask fittings or pressure adjustments to make the treatment more comfortable.

Please contact us at [Phone Number] or [Email Address] by [Deadline Date] to discuss your progress and prevent any interruption in your coverage.

Sincerely,

[Your Name/Organization]

[Department Name]

[Contact Information]