

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Follow-Up Regarding Your Sleep Apnea Therapy

Dear [Patient Name],

We are writing to you because our records indicate that you have not been using your [CPAP/BiPAP] device as prescribed. Regular use of your therapy is essential for managing your sleep apnea and protecting your overall health.

Untreated sleep apnea can lead to serious health complications, including high blood pressure, heart disease, stroke, and excessive daytime fatigue.

We understand that adjusting to therapy can be challenging. Common issues often include:

- Uncomfortable mask fit
- Dryness in the nose or throat
- Difficulty exhaling against the pressure
- Skin irritation

If you are experiencing any of these issues, please contact our office at [Phone Number]. Our clinical team is available to help you troubleshoot these problems, adjust your settings, or find a more comfortable mask.

Please note that many insurance providers require a specific level of usage (compliance) to continue covering the cost of the device and supplies. If usage remains low, you may be at risk of losing insurance coverage for this equipment.

Your health is our priority. Please call us at your earliest convenience to discuss how we can help you get back on track with your treatment.

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]