

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Member ID:** [Insert ID Number]

**Subject: Annual CPAP Equipment and Compliance Review**

Dear [Patient Name],

Our records indicate that it has been one year since your last CPAP equipment review. To ensure your Sleep Apnea therapy remains effective and to comply with insurance requirements for ongoing supplies, we must verify your equipment usage and clinical progress.

**Action Required:**

- **Usage Report:** Please ensure your CPAP machine is connected to cellular data or bring your data card to our office for a download.
- **Compliance Standard:** Insurance providers typically require usage of at least 4 hours per night for 70% of the time.
- **Equipment Check:** Please inspect your mask, tubing, and filters for wear and tear.

**Next Steps:**

Please contact our office at [Insert Phone Number] to schedule your annual follow-up appointment. During this visit, we will review your sleep data, adjust pressure settings if necessary, and provide prescriptions for replacement supplies.

Maintaining consistent therapy is vital for your health and prevents complications related to Sleep Apnea.

Sincerely,

[Provider Name]

[Clinic Name]

[Contact Information]