

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

[Patient Date of Birth]

Dear [Patient Name],

This letter is to inform you that we have received notification from your insurance provider and/or medical equipment supplier that your CPAP/BiPAP therapy is currently non-compliant with insurance requirements.

Insurance companies typically require that the device be used for a minimum of 4 hours per night for at least 70% of the nights during a consecutive 30-day period. Because these requirements were not met, your insurance may no longer cover the rental or purchase of the machine and supplies.

To continue your sleep apnea therapy and re-establish insurance coverage, you must schedule a **Re-Evaluation Appointment**. During this visit, we will:

- Discuss the barriers you are facing with therapy (e.g., mask fit, pressure settings, or discomfort).
- Perform a clinical assessment to document the ongoing medical necessity for the device.
- Provide a new prescription to restart the compliance trial period.

Please contact our office at [Phone Number] at your earliest convenience to schedule this appointment. Failure to address this may result in the equipment supplier reclaiming the device or you being billed for the full cost of the equipment.

We are committed to helping you successfully treat your sleep apnea and look forward to hearing from you.

Sincerely,

[Physician Name/Clinic Name]

[Clinic Phone Number]

[Clinic Address]