



CPAPnow, Inc
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 1616 E. Plaza Loop Nampa, ID 83687
 4605 Enterprise Way Ste. #104 Caldwell, ID 83605
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Customer Authorization to Release Medical Information Records to CPAPnow, Inc.

Patient Name

Social Security Number

Address

Date of Birth

City/ State/ Zip

Phone Number

Email

Cell Number

Primary Insurance Company

Policy Number

Secondary Insurance Company

Policy Number

I hereby authorize the treating/ ordering physician and/ or facility to release medical information concerning me that documents my medical condition.

Records Needed:

- Current Prescription
- All associated Sleep Studies
- Referring Provider chart notes prior to Sleep Study
- Current Visit notes (within last 6 months)

- Please send patients last supplies order with dates for headgear, mask, cushions, tubing, filters, chinstrap and water chamber. Machine purchase date with Insurance used to purchase machine.

Other: _____

Patient Signature: _____

Date: _____

If signing for patient, state relationship to patient: _____

Current Medical Provider

Name: _____ City/State: _____ Phone: _____

Facility where you had your Sleep Study

Name: _____ City/State: _____ Phone: _____

Where did you get your last supplies? _____ Phone: _____

What date did you last receive supplies? _____

Please check one: I am wanting a new PAP machine I am wanting new PAP supplies

Healthcare information may be used and disclosed for treatment, payment and other healthcare operations including care planning, billing, communication with health professionals or third-party payers, and quality assurance activities. Patient/ customer may review CPAPnow's Notice of Privacy Practices before giving consent and has the right to restrict how health information may be used.

Internal use only

Copy of ID

Copy of Insurance card

Employee Initials _____