



ORIENTATION HANDBOOK

Sleep & Respiratory Requirements

DEAR VALUED CUSTOMER:

Welcome to Impakt Medical!

Whether this is your first time starting your respiratory equipment therapy, or you are upgrading to new equipment, we at Impakt Medical are truly dedicated to providing you with the best equipment, education and support you need to make your therapy successful. This booklet is designed to provide written instructions / guidelines given to you at the time of set-up as well as other information you will find helpful.

Prescription:

Date of Delivery: _____

Model Number: _____

Serial Number: _____

Pressure Setting:

CPAP _____ cmH₂O

Auto CPAP _____ - _____ cmH₂O

Auto Bi-Level _____ - _____ cmH₂O

Bi-Level (I) _____ cmH₂O (E) _____ cmH₂O

Bi-Level Back-Up Rate (I) _____ cmH₂O (E) _____ cmH₂O bpm

Bi-level SV (I) min _____ cmH₂O (I) max _____ cmH₂O (E) _____ cmH₂O b/u rate _____ bpm

Bi-Level AVAPS (I) min _____ (I) max _____ (E) _____ TV _____ CC

Ventilator (NIV) Settings:

Oxygen _____ lpm

Nebulizer

Mask Model # _____ Size _____

If your doctor changes your pressure settings, please notify Impakt Medical as soon as possible. Our goal at Impakt Medical is to help this new way of therapy be a positive experience for you. Please do not hesitate to contact us should you have any problems, questions, or concerns.

Sincerely,
Impakt Medical

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Organization Objectives

Impakt Medical is a home care organization dedicated to providing comprehensive home care services to referred patients with the utmost quality and professionalism. Impakt Medical accepts only patients whose home health needs, as identified by the referral source, can be met by treatment and/or services offered by this organization.

Our Services Include

- Home Respiratory Medical Equipment
- 24-hour oxygen assistance is available through our phone number (916) 844-7800 M-F from 8:30am to 5:30pm or our Emergency line at **(916) 844-7810. HOWEVER, IF THIS IS AN EMERGENCY CALL 911 OR GO TO THE NEAREST HOSPITAL.**

Reimbursement Assistance

Impakt Medical accepts the following sources of payment for services:

- Private Insurances
- All major credit cards
- Debit- ATM Card
- Cash

Patient Instruction and Training

A trained staff of home care professionals ensures that each patient is trained on the operation and care of equipment.

Patient Assessment

Trained staff meets with and assesses the needs of the patient with respect to the services and equipment provided. Patients are monitored and assessed according to the plan of service and updated to ensure care that is timely and current.

Consultations

Staff professionals will meet, as required, with referral personnel or with patients and/or families to facilitate any matter involving home care treatment or service.

Geographic Scope of Service

Impakt Medical provides services to the State of California

Hours of Operation

Monday – Friday: 8:30 AM – 5:30 PM

Saturday by appointment only – Closed Sundays

Impakt Medical is staffed with professionals and specialists who are dedicated and take exceptional pride in the care and service that they provide.

These Include:

- Respiratory Therapists
- Registered Polysomnography Technicians
- Polysomnography Technicians
- Equipment Technicians

Privacy Notice Of Patient Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU THAT MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Impakt Medical Legal Duty

Impakt Medical is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

Uses And Disclosures Of Health Information

Impakt Medical uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Impakt Medical may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health-related benefits that could be of interest to you. Impakt Medical may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law. In any other situation, Impakt Medical's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. Impakt Medical may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the office area and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

Patient Individual Rights

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Impakt Medical will consider all such requests on a case-by-case basis, but Impakt Medical is not legally required to accept them.

Concerns And Complaints

If you are concerned that Impakt Medical may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact us at the below address. You may also send a written complaint to the US Department of Health and Human Services. Please contact the below organizations if you feel the need to contact them regarding Impakt Medical.

Medicare:(866)243-7272

Medi-Cal:(800)541-5555

Impakt Medical
Attention: Corporate Compliance Officer
9722 Fair Oaks Blvd, Suite B
Fair Oaks, CA
Phone (916) 844-7800

Bill of Rights

As an individual receiving home care services from Impakt Medical, you have the following rights:

1. To select who you would like to provide your home care services.
2. To be provided legitimate identification by any person or persons entering your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal culture and ethnic preferences.
4. To be promptly informed if the prescribed care or services are not within scope, mission, or philosophy of Impakt Medical, and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be treated with courtesy, respect and friendliness by every individual representing Impakt Medical that provides treatment or services to you. To be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
6. To have your confidentiality, privacy, safety, security, and property respected always. Confidential information shall not be released without written consent.
7. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be provided with adequate information from which you can give your informed consent for the delivery, continuation, transfer, and termination of service.
9. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the legal responsibilities of medical disclosure.
11. To receive care and services within the scope of your health care plan, promptly and professionally while being fully informed as to Impakt Medical policies, procedures, and charges.
12. To refuse care, within the boundaries set by law, and receive professional information relative to the consequences that may result due to such refusal.
13. To request and receive data regarding services and costs privately and with confidentiality.
14. To request and receive the opportunity to examine and review your medical records.
15. To formulate and have honored by all health care personnel an Advance Directive, Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
16. The right to review Impakt Medical Privacy Notice.
17. The right to access, request amendment to, receive accounting of disclosures regarding your health information as permitted under applicable law.
18. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
19. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
20. To be informed of any experimental or investigational studies that are involved in your care and be provided the right to refuse any such activity.
21. As a patient of Impakt Medical, you can expect that your reports of pain will be believed, and our concerned staff will quickly respond to your concerns by contacting your home health nurse or physician.

Medicare 30 Supplier Standards

1. A supplier must follow all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare-covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain required insurance will always result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number i.e., the supplier may not sell or allow another entity to use its Medicare Supplier Billing No.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.

20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Equipment and Warranty Notification

Every product sold or rented by our company carries either a 1, 2, 3 years Manufacturer's warranty. Please refer to your equipment manufacturer guide for the details pertaining to your prescribed therapy equipment. Impakt Medical will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Impakt Medical will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available (standard #6).

Impakt Medical will maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items we have rented to you (standard #14).

Impakt Medical will accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries (standard #15).

I have been instructed and understand the equipment and warranty coverage on the product I have received.

Beneficiary Signature

Date

Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or after January 1, 2024

I received instructions and understand that Medicare defines the Equipment _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

For Capped Rental Items

Medicare will pay a monthly rental fee for a period not to exceed 13 months after which ownership of the equipment is transferred to the Medicare beneficiary.

Examples of this type of equipment include:

Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizer, suction pumps, and continuous airway pressure (CPAP) devices, Bi- Level devices, patient lifts and trapeze bars.

Medicare will pay a monthly rental fee for a period not to exceed 36 months after which ownership of the equipment is transferred to the Medicare beneficiary. An example of this type of equipment includes: Oxygen concentrator.

After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.

For Inexpensive Or Routinely Purchased Items

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

Examples of this type of equipment include:

Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails and traction equipment.

I select the: Purchase Option _____ Rental Option _____

Beneficiary Signature

Date

Importance of Cleaning & Replacing Supplies

Impakt Medical has adapted an educational piece to our follow up and compliance program. This is to educate our staff and customers on the importance of cleaning and replacing your supplies. The need to replace supplies is imperative for a successful therapy experience. Each accessory plays an important role in delivering an effective treatment, as well as increases the lifespan of the PAP unit itself. With every use, every washing these parts of equipment begin to break down and eventually will cease to produce the results that are needed to be efficient. We want to ensure our patients remain healthy, receive the maximum benefits and increase usage additionally improve compliance.

Often times, staff and patients are not aware of why they need new supplies, the orientation handbook provided to our patients outline on the insurances eligibility to replace supplies. The following bullets listed below could occur when supplies do not get replaced at the desired intervals...

Filters

Unchanged disposable & un-cleaned non-disposable filters, will allow dust, pollen and other particulates to be blown into a patient's airway. Additionally, allowing dust and dirt to get inside the inner workings of the machine that will clog up and significantly decrease how long the machine lasts. This means more defective equipment, which leads to more equipment troubleshooting.

Humidifier Chamber

Despite manufacturer & Impakt Medical education, many patients do not use distilled water or clean their chamber daily per recommendations. The chamber provides a warm, dark, moist environment for bacteria to grow, anything else that could grow under those conditions, will do havoc on the lungs. Replacement of the humidifier chamber is highly recommended as it will help to reduce infections that could occur. Additionally, some of the humidifier chambers have rubber seals, which over time will break down causing a hidden source for air to leak, and therapeutic pressure to be lost.

Tubing

Over time can stretch out, become worn and potentially develop small holes where air leaks occur reducing the therapeutic pressure being delivered. Additionally, inside the tubing is a source where dirt, bacteria, and mold can build up causing the patient a potential illness.

Mask [Cushions/Nasal Pillows]

The mask cushions/pillows are made of silicone. Silicone will begin to oxidize on contact with air; oxidation will cause deterioration, making the cushion lose firmness which is needed for the sealing characteristics of the mask, letting air escape. Dead skin and oil from the face leaves a residue on the mask, this residue build up can lead to skin irritation, blisters and pressure point sores. A lot of times this could end in decreased usage or when the patient chooses not to wear PAP therapy at all. Washing of the mask to reduce this residue build up will cause small cracks and tears; this is a vicious cycle, this is why the insurances have adapted the replacement frequency they do. Insurance covers replacement cushions this often due to the fact a worn-out mask is a potential risk for these problems. A mask that fits and worked wonderfully for the patient in the beginning for a period of time is a key sign you need to replace your mask...

EVENTUALLY THE MASK WILL NOT FIT OR SEAL CAUSING THESE PROBLEMS. There is no escaping it.

Headgear

Will stretch out, becoming thinner causing the Velcro to fray and lose its grip. This is added to the breakdown of the cushion/pillow with the headgear straps having to be tightened more and more to get the same quality seal you previously experienced. Headgear that is tightened again and again may cause facial sores at pressure point locations, additionally causing headaches, and overall discomfort, resulting in a decline of usage/compliance.

Chinstrap

This will fall in the same characteristic as headgear, overtime the chinstrap will stretch out, becoming more and more uncomfortable or altogether ineffective, and allowing patients to open the mouth during sleep. Opening your mouth during sleep will cause ineffective therapy while the air is escaping the breathing cycle.

Supplies

need to be cleaned on a regular basis and replaced based upon the frequency of the insurance in order to prevent a potential illness caused by bacteria growth, or a less than optimum experience due to the breaking down of equipment causing discomfort.

Additionally, the same goes for oxygen and nebulizer supplies to include oxygen tubing, oxygen cannula, filters, nebulizer administration kit, etc....

Sincerely, Respiratory Therapy Department

CLEANING SCHEDULE EQUIPMENT	CLEANING FREQUENCY	INSTRUCTIONS
NON-DISPOSABLE FILTER	Weekly	Rinse with water, blot with paper towel, air dry
DISPOSABLE FILTER	Monthly	DO NOT WASH
PAP TUBING	Weekly	Mild soapy water, rinse, hang air dry
MASK / NASAL PILLOWS	Daily	Mild soapy water, rinse, air dry
HEADGEAR	As needed	Hand wash, air dry
HUMIDIFIER CHAMBER	Daily	Empty water daily, mild soapy water, rinse, air dry
OXYGEN CANNULA, TUBING	Monthly	Not Required Replace monthly

IMPORTANT NOTE: USE ONLY DISTILLED WATER IN HUMIDIFIER WATER CHAMBER; ALL OTHER WATER IS NOT RECOMMENDED.

CPAP/Bi-Level Accessory Replacement Program & Guidelines Please call us toll free (916) 844-7800 if you have not heard from us to see if you are eligible to replace your supplies. or email us at

corporate@impaktmedical.com

- A valid prescription is **REQUIRED** and is only good for 1 year for supplies. Replacement supplies after 1 year will need a new valid Rx if expired.
 - HMOs, EPOs, PPOs and Medi-cal require pre-authorization. We must have approval first before dispensing. You will receive only the quantity authorized by your medical group or health insurance plan.
- ALL HMO REQUIRES AUTHORIZATION**

You must verify your eligibility as every health insurance plan has its own duration of eligibility for replacement supplies. Some health insurance plans will allow 90 days of supplies at 1 time.

If you have commercial /PPO insurance plan ask about our ready fill program, for you no hassle supply re order experience.

PAP Resupply Utilization & Duration

Item Description	Replacement
Full Face Mask-A7030 (Includes: mask, cushion, note Headgear is every 6 months; this would be a retail cost)	1 every 3 months
Full Face Cushion- A7031	1 every 1 month or 3 every 3 months- based upon insurance eligibility.
Nasal Mask Cushion-A7032	2 every 1 month or 6 every 3 months- based upon insurance eligibility.
Nasal Pillows-A7033	2 every 1 month or 6 every 3 months- based upon insurance eligibility.
Nasal Mask- A7034 (Includes: mask, pillows or cushion, note Headgear is every 6 months; this would be a retail cost)	1 every 3 months
Headgear- A7035	1 every 6 months
Chinstrap-A7036	1 Every 6 months
Standard Tubing- A7037	1 Every 3 months
Disposable Filter-A7038	2 every 1 month or 6 every 3 months- based upon insurance eligibility.
Non-disposable Filter-A7039	1 every 6 months
Heated Tubing- A4604	1 every 3 months
Humidifier Chamber- A7046	1 every 6 months
New CPAP/Bi-Level Unit RUL= Reasonable Useful Lifetime	1 every 3-5 Years, meeting RUL

BASIC TROUBLE SHOOTING GUIDELINES

**HOWEVER IF YOU ARE NOT ABLE TO RESOLVE THE PROBLEM
PLEASE CALL 877-290-8636 OPTION 2**

PROBLEM	POSSIBLE CAUSE	SOLUTION
Sore or dry eyes	Air blowing into eyes	Slightly tighten top straps to bring mask into bridge of nose
Mask leaks	Mask/headgear not positioned properly	Re-apply mask and adjust headgear. Lie in bed with mask on and pressure on. Keeping eyes closed, release top Velcro straps, allow mask to leak. Pull straps just until mask leak stops and set straps. Repeat with lower straps
	Cushions/pillows worn	If you have not replaced your cushions/pillows in the last 3 months, call to order supplies. (916) 844-7800
	Mask size not appropriate	Contact Impakt Medical to be re-fitted for mask
Air from unit is warmer than normal	Heated humidifier may be turned up too high	Turn down humidifier setting
	Filter obstructed by debris	Replace and/or clean filter
	Bedclothes or drapes may block filter or vent	Move unit away from any materials that may obstruct filters or vent to allow good air flow
	Room temperature is too warm	Turn down the thermostat at night

PROBLEM	POSSIBLE CAUSE	SOLUTION
Unit seems loud	Unfamiliar night time noise	Consider soft music, white noise or fan
Unit seems louder than usual	Air leaking from humidifier connection	Turn off machine and make sure humidifier chamber is placed correctly
	Hose is not connected properly or has hole in it	Check and/or replace hose-, recommended replacement is every 3-6 months. Keep protected under bedding
	Air traveling through the tubing can cool before it gets to the mask	Increase temperature on heated humidifier Add heated tubing or fleece tubing cover to insulate the tubing
Dryness, burning sensation in throat or nose	Air is too dry	Increase room humidity
	Relative humidity is less than 40%	Consider heated humidifier or increase temperature on heated humidifier
	Mouth opening too much during sleep	Consider chinstrap or full face mask
Excess water collects in the tubing or mask	Warm air traveling through tube drops water as it cools	Place tubing under blankets or increase thermostat temperature of room Add heated tubing or fleece tubing cover to insulate the tubing
Nasal, sinus, ear pain	Possible sinus or inner ear infection	STOP using PAP and contact your physician

PROBLEM	POSSIBLE CAUSE	SOLUTION
Pressure seems to low	<p>Common when you have worn PAP for a while and have become used to the pressure</p> <p>Established user- possible machine malfunction</p>	<p>Be sure pressure shown on the screen (not in ramp mode) is what was prescribed</p> <p>Contact Impakt Medical</p>
Unit does not turn on	<p>No Power</p> <p>Unit not connected to “live” outlet</p> <p>DC battery voltage fell below 10.5 volts</p>	<p>Verify power cord is firmly plugged into wall and unit</p> <p>Make sure power is on to outlet or try another outlet</p> <p>Recharge or replace battery</p>
Unit stops and/or stops and starts	<p>Power cord loose</p> <p>Power failure</p> <p>Possible unit malfunction</p>	<p>Verify power cord is firmly plugged into wall and unit</p> <p>NOTE: You will still be able to breathe if the power goes out while you are sleeping. Turn off machine/remove mask and wait for power to restore</p> <p>Contact Impakt Medical</p>
Chronic head clod sinus infection	<p>Possibility of re- infection from equipment</p>	<p>Clean mask, tubing and humidifier chamber or replace if you are eligible</p> <p>Be sure to always follow the cleaning schedule</p>
Oxygen not coming out of cannula or tubing	<p>Kinked line</p> <p>Oxygen tubing and or cannula not secure</p>	<p>Place cannula end on a small cup of water, if bubbles this means oxygen is coming out</p>

SLEEP CPAP-BI-LEVEL



AUTO CPAP-Automatic Continuous Positive Airway Pressure

- 4-20cmh20
- Gives you pressure increase or decrease as needed
- Integrated humidification
- Compliance monitoring
- Heated or non-heated tubing



CPAP- Continuous Positive Airway Pressure. At 1 set pressure.

- 4-20cmh20
- 1 pressure setting
- Integrated humidification
- Compliance monitoring
- Heated or non-heated tubing



BIPAP or Bi-Level- 2 Airway Pressures, 1 Inhale, 1 Exhale.

- 4-25 cmh20
- PAP intolerant
- Integrated humidification
- Compliance monitoring
- Heated or non-heated tubing



BIPAP or Bi-Level ST & ASV

- 4-30 cmh20
- Central and complex sleep apnea
- Integrated humidification
- Compliance monitoring
- Heated or non-heated tubing



BIPAP AVAPS

- 4-35 cmh20
- Chronic hypoventilation, COPD, neuromuscular
- Set tidal volume Tv
- Integrated humidification
- Compliance monitoring

OXYGEN-POC



POC- Portable Oxygen Concentrator

- Pulse dose 1-5 setting
- 2-3 hour battery
- 2-3 hour external battery 5 lbs
- FAA approved



Oxygen Concentrator

- Continuous flow
- 1-5 lpm
- 25-30 lbs
- Home use

MASKS



Nasal Pillow Mask

- Insert pillows slightly in the naris Used for people who breath through the nose, chin strap may be needed
- Claustrophobic
- Replace mask 1 every 3-6 months
- Replace pillows 2 every month or 6 every 3 months



Nasal Mask

- Covers the nose
- Used for people who breath through the nose, chin strap may be needed
- Replace mask 1 every 3-6 months
- Replace pillows 2 every month or 6 every 3 months



Full Face Mask

- Covers the nose and mouth Used for mouth breathers
- Replace mask 1 every 3-6 months
- Replace Cushion 1 every month or 3 every 3 months

SUPPLIES & ACCESSORIES



PAP Tubing

- 6', 8' and 10' lengths
- Replace 1 every 3 months
- Non-heated



Heated PAP Tubing

- 6' length
- Replace 1 every 3 months
- Heated



Chinstrap

- Comes S, M, L and ADJ sizes
- Replace 1 every 6 months
- Helps keep mouth from dropping to reduce mouth breathing



Disposable Filter

- Filters smaller particles
- Replace 2 every month, or 6 every 3 months



Nasal Pillow

- Nasal pillow for nasal pillow mask
- Replace 2 every month, or 6 every 3 months



Nasal Cushion

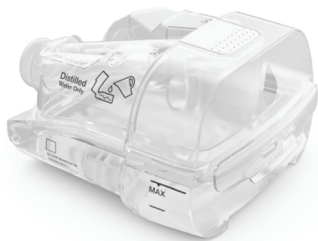
- Nasal cushion for nasal cushion mask
- Replace 2 every month, or 6 every 3 months

SUPPLIES & ACCESSORIES



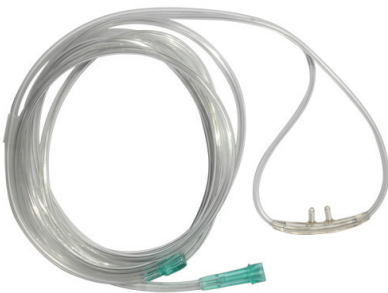
Full Face Cushion

- Full face cushion for full face mask
- Replace 1 every month, or 3 every 3 months



Humidifier Water Chamber

- Inserts inside heated humidifier
- Use distilled water only
- Replace 1 every 6 months



Oxygen Nasal Cannula

- 3', 4' and 7' lengths
- Replace 1 per month



Oxygen Tubing

- 7', 14', 25' and 50' lengths
- Replace 1 per month

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Sleep & Respiratory Requirements



Contact Us

☎ (916) 844-7800

☎ (831) 304-0700

☎ (408) 331-7773

☎ (925) 474-4642

☎ (916) 436-9054

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