Alberta Government

Request for BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014

B-NE

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act* and sections 33, 34, 39 and 40 of the *Freedom of Information and Protection of Privacy Act (FOIP)* for the purpose of providing and determining eligibility for health benefits under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation*. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 10th Floor, Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2 Telephone: 780-427-0731 Fax: 780-422-0968.

This form is completed for Clients with BPAP funding approved prior to July 1, 2014 who are now requesting BPAP funding for the new Service Delivery Model due to equipment failure.

Date Submitted *(yyyy-mm-dd)*_____

☐ Urgent for the following reason(s)

- ☐ Client requires BPAP for hospital discharge or to prevent hospital (re)admission.
- ☐ Client starts on BPAP and oxygen at the same time.
- ☐ Other (specify) _____

1. Client's Name (Last, First) _____

   PHN Date of Birth *(yyyy-mm-dd)* _____ . _____ . _____

   Address_____ Postal Code _____ Telephone Number_____

   City_____

2. Respiratory Assessor (Last, First Name) _____

   Designation ☐ RRT ☐ Other _____ Facility Name _____

   Phone _____ Fax_____

3. Current Diagnosis

4. Authorization (Reference) number for BPAP supplies: _____

5. Reason for replacing BPAP equipment: _____

6. Has BPAP been replaced? ☐ Yes ☐ No

   If yes, provide BPAP replacement date (*yyyy-mm-dd*) _____

7. Date of the BPAP Prescription *(yyyy-mm-dd)* _____

Prescribed BPAP Settings:

Mode ☐ S ☐ S/T ☐ PC ☐ AVAPS

IPAP min ____ IPAP max ____ EPAP ____ Rate ____ Rise ____ Ti ____ Vt ____ Ramp ____ O_2 ____

Other

8. Prescribing Physician Name (Last, First) _____

Phone _____ Fax _____

Date *(yyyy-mm-dd)* _____ Signature _____

This form must be signed by the physician if there is a change in BPAP settings.

9. Comments: