Alberta Government

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

B-NE

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.

This request needs to be uploaded to the Alberta Blue Cross Online Health Portal for funding to be considered.

☐ Urgent for the following reason(s). **Please phone Alberta Blue Cross AADL Provider Line: 587-756-8629**

- ☐ 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*) _____

Client Name: _____ PHN: _____

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

   Prescribed BPAP Settings:

   Mode ☐ S ☐ S/T ☐ PC ☐ AVAPS ☐ iVAPS ☐ No substitutions

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

   Height (if prescribing iVAPS): _____

   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: