## Commercial Payor Questionnaire

Hello! [HME] has a few questions about your sleep therapy and replacement supplies.

1. First, are you still using your CPAP equipment? Y/N

**Yes**: According to your insurance provider, you may be eligible for new sleep therapy replacement supplies. Out-of-pocket expenses like copays and deductibles may apply. Do you want to request everything you are eligible to receive? [Continue to question two].

**No**: Would you like someone from [HME] to follow up with you to discuss your Sleep Therapy? Y/N

- Yes: Thank you. If you need to request new sleep therapy replacement supplies, please call [HME] at, (XXX) XXX-XXX or log back on to your portal. [End call].
  - o A Patient follow-up Work Item is created for your team to review.
- **No**: Thank you. If you need to request new sleep therapy replacement supplies, please call [HME] at, (XXX) XXX-XXX or log back on to your portal. [End call].
- 2. According to your insurance provider, you may be eligible for new sleep therapy replacement supplies. Out-of-pocket expenses like copays and deductibles may apply. Do you want to request everything you are eligible to receive? Y/N

No: Would you like to request supplies individually?

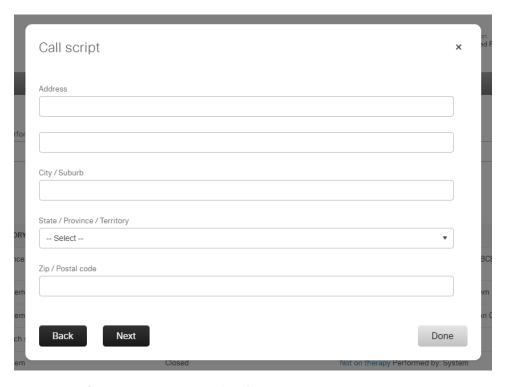
- No: Thank you. If you need to request new sleep therapy replacement supplies, please call [HME] at, (XXX) XXX-XXX or log back on to your portal.
- Yes: [Continues to list all items individually that the patient is eligible for according to their patient account. The Patient can say Yes or No to supplies.]

**Yes**: [Continue to question three.]

3. Just a few more questions. Has your shipping address changed from [Street address]? Y/N

### Yes:

- If going through on the IVR, the call is transferred to a Customer Service Representative to help update the Address.
- If going through the Patient portal, there is a form box that comes up to update the address. As an example:

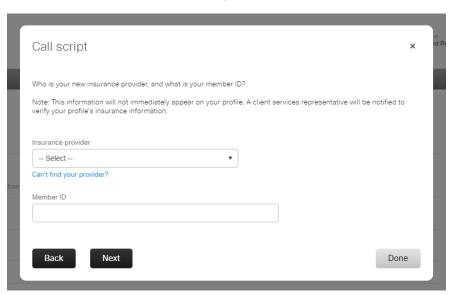


No: [Continue to question four.]

4. Has your medical insurance (Payor) changed since your last request? Y/N

## Yes:

- If going through on the IVR, the call is transferred to a Customer Service Representative to help update their Insurance (Payor) Provider.
- If going through the Patient portal, there is a form box that comes up to update the address. As an example:



\*The only Payor options available are those that have been mapped to the HME account. If the Payor is missing, select best option or Default Payor for the time being.

• Once the Insurance details are provided, select Next.

No: [Continue on to the End script below].

# **End Script**

Depending on End Script HME has attached to their account:

### Ship-to

Thank you. A member of the [HME] team will review your request and contact you if additional information is required, otherwise, your supplies will be shipped within [X] business days. If you need to contact [HME] directly please call (XXX) XXX-XXX.

### Pick-up

Thank you. A member of the [HME] team will review your request and contact you if additional information is required, otherwise, your supplies will be available for pick up within [X] business days at [Location]. If you need to contact [HME] directly please call (XXX) XXX-XXX.

## **Contact patient**

Thank you. Before your supplies are shipped, a representative from [HME] will contact you to confirm your request.