

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].
 - 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:

Call script ×

Address

City / Suburb

State / Province / Territory

-- Select -- ▾

Zip / Postal code

Back **Next** **Done**

Closed Not on therapy Performed by: System

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:

Call script ×

Who is your new insurance provider, and what is your member ID?

Note: This information will not immediately appear on your profile. A client services representative will be notified to verify your profile's insurance information.

Insurance provider

-- Select -- ▾

[Can't find your provider?](#)

Member ID

Back **Next** **Done**

*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.