PROVIDENCE
Medical Group

Phone: 503-215-6405
Main Fax: 503-215-6429
Medical Records Dept Fax: 920-406-3763

Providence Medical Group – The Plaza
5050 NE Hoyt St., Suite 454
Portland, OR 97213

Fax Cover Sheet

From:

- ☐ Dr. Kimberly Herder
- ☐ Bridget Meade-Sentosun PA-C
- ☐ Dr. Michael Carroll
- ☐ Marrett Hild, PA-C
- ☐ Dr. Christopher Komisarz
- ☐ Dr. Logan Guckien
- ☐ Dr Hannah Kadavy
- ☐ Manvi Smith, PSY-D
- ☐ Dr. Kerani Tracy
- ☐ Dr. Pavel Mitaru
- ☐ Brigitta Triolo, PA-C
- ☒ Dr. Robert Wells
- ☐ Dr. Katy Bochat
- ☐ Matt Crumbaker, Case Mgr
- ☐ Susan Fedler, PharmD
- ☐ Kiersten Kelly, PSY-D

To: RespShop.com

Date: 9/2/2025

Fax Number: (866) 936-3730

No. of Pages: 9 including cover
(including fax cover sheet)

Re: Leonard Hughes

Comment: DOB: 11/25/1952

☐ Urgent ☐ For Your Review ☐ Please Comment ☐ Please Reply

PLEASE CALL 503-215-6405 IF ALL PAGES ARE NOT RECEIVED, THANK YOU.

DME: PAP CPAP/BiLevel (Order 2021816394)

DME

Date: 8/18/2025 Department: Providence Internal Medicine The Plaza Ordering/Authorizing: Robert L Wells, MD

DME: PAP CPAP/BiLevel

Electronically signed by: **Robert L Wells, MD on 08/18/25 1638** Status: **Active**
Ordering user: Robert L Wells, MD 08/18/25 1638 Ordering provider: Robert L Wells, MD
Authorized by: Robert L Wells, MD
Frequency: 08/18/25 -
Diagnoses
Obstructive sleep apnea hypopnea, severe [G47.33]

Questionnaire

Question	Answer
length of need in months (99=Lifetime)	99
PAP mode	CPAP (E0601)
CPAP	9
interface type	full face (1 every 3 months)
humiditity	heated humidifier
substitutes allowed based on availablity	Yes

Process Instructions

CHART OF MEDICAL NEED

If Equipment is to be delivered to home address please see below otherwise see comment field for delivery address:
Patient Home Address:
10705 Ne Knott St
Portland OR 97220-2832

Patient Phone Numbers:
503-252-8633 (home)
Home Phone 503-252-8633
Mobile 503-729-2941

Patient Payor: PROVIDENCE HEALTH PLAN MEDICARE / Plan: PHP MDCR HMO PRIME / Product Type: Medicare /

**Supplies:
- disposable filters (2 per month) /non-disposable filters (1 per 6 months) HCPCS A7038/A7039
- humidifier heater/non-heated (1 per 5 years) HCPCS E0562/E0561
- water chamber (1 per 6 months) HCPCS A7046
- tubing/heated tubing (1 per 3 months) HCPCS A7037/4604
- chin strap (1 per 6 months) HCPCS A7036
- nasal pillow (2 per month) HCPCS A7033
- nasal cushion (2 per month) HCPCS A7032
- full face mask cushion (1 per month) HCPCS A7031
- oral mask cushion (2 per month) HCPCS A7028

- head gear (1 per 6 months) HCPCS A7035
- full face (1 per 3 months) HCPCS A7030
- nasal interface (1 per 3 months) HCPCS A7034
- oral mask (1 per 3 months) HCPS A7044

**The supplies listed above are compliant with Medicare standards. Patient's insurance plan may permit re-supplies different from these standards.

Robert Wells 9-2-2025

Assure PAP machine has Efficacy Data capability.

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Internal Referral

Additional Details

Phase of Care:
None

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Obstructive sleep apnea hypopnea, severe - Primary	G47.33	327.23

Authorizing Provider: Robert L Wells, MD NPI #: 1538192158

Patient Information

Patient Name	Gender Identity	DOB	SSN	Address	Phone
Hughes, Leonard	Male	11/25/1952	xxx-xx-2598	10705 NE KNOTT ST PORTLAND OR 97220-2832	503-252-8633 (Home) *Preferred* 503-729-2941 (Mobile)

Ordering Site Information:		Physician Information:	
Location:	PROVIDENCE INTERNAL MEDICINE	Enc. Provider:	Robert L Wells, MD
Address:	THE PLAZA 5050 NE HOYT SUITE 454 PORTLAND OR 97213-2984 Phone: 503-215-6405 Fax: 503-215-6429	Auth. Provider:	Robert L Wells
		Encounter Number:	50992475544 Electronically Signed.

Responsible Party / Guarantor Information:	
Name:	HUGHES,LEONARD
Address:	10705 NE KNOTT ST
City, State Zip:	PORTLAND, OR 97220-2832
Phone:	503-252-8633
Relation to Pt:	Self
Employer Name:	

ABN:	Worker's Comp: N	Date of Injury:

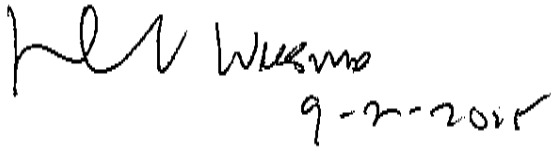
Insurance Information:

R for Wells MD
9-2-2025

Primary Insurance:		Secondary Insurance:	
Ins Co Name:	PHP MDCR HMO PRIME	Ins Co Name:	
Address 1:	PO BOX 3125	Address 1:	
Address 2:		Address 2:	
City, State Zip:	PORTLAND, OR 97208-3125	City, State Zip:	
Policy Number:	10021261400	Policy Number:	
Group #:	100100	Group #:	
Primary Policy Holder / Insured:		**Secondary Policy Holder / Insured:**	
Name:	HUGHES,LEONARD	Name:	
Address:	10705 NE KNOTT ST PORTLAND, OR 97220-2832	Address:	
Pt Relation to Subscriber:	Self	Pt Relation to Subscriber:	

Order Report - DME

DME: PAP CPAP/BiLevel (Order #2021816394) on 8/18/25



DME: PAP Supplies (Order 2021816395)

DME

Date: 8/18/2025 Department: Providence Internal Medicine The Plaza Ordering/Authorizing: Robert L Wells, MD

DME: PAP Supplies

Electronically signed by: **Robert L Wells, MD on 08/18/25 1638** Status: **Active**
Ordering user: Robert L Wells, MD 08/18/25 1638 Ordering provider: Robert L Wells, MD
Authorized by: Robert L Wells, MD
Frequency: 08/18/25 -
Diagnoses
Obstructive sleep apnea hypopnea, severe [G47.33]

Questionnaire

Question	Answer
interface supplies	nasal mask 1 per 3 months (A7034)

Process Instructions

CHART OF MEDICAL NEED

If Equipment is to be delivered to home address please see below otherwise see comment field for delivery address:
Patient Home Address:
10705 Ne Knott St
Portland OR 97220-2832

Patient Phone Numbers:
503-252-8633 (home)
Home Phone 503-252-8633
Mobile 503-729-2941

Patient Payor: PROVIDENCE HEALTH PLAN MEDICARE / Plan: PHP MDCR HMO PRIME / Product Type: Medicare /

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Internal Referral

Additional Details

Phase of Care:
None

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Obstructive sleep apnea hypopnea, severe - Primary	G47.33	327.23

Authorizing Provider: Robert L Wells, MD NPI #: 1538192158

Patient Information

Patient Name	Gender Identity	DOB	SSN	Address	Phone
Hughes, Leonard	Male	11/25/1952	xxx-xx-2598	10705 NE KNOTT ST PORTLAND OR 97220-2832	503-252-8633 (Home) *Preferred* 503-729-2941 (Mobile)

Ordering Site Information:		Physician Information:	
Location:	PROVIDENCE INTERNAL MEDICINE	Enc. Provider:	Robert L Wells, MD
Address:	THE PLAZA	Auth. Provider:	Robert L Wells
	5050 NE HOYT SUITE 454	Encounter Number:	50992475544
	PORTLAND OR 97213-2984		Electronically Signed.
	Phone: 503-215-6405		
	Fax: 503-215-6429		

Responsible Party / Guarantor Information:	
Name:	HUGHES,LEONARD
Address:	10705 NE KNOTT ST
City, State Zip:	PORTLAND, OR 97220-2832
Phone:	503-252-8633
Relation to Pt:	Self
Employer Name:	

ABN:	Worker's Comp: N	Date of Injury:

Insurance Information:			
Primary Insurance:		Secondary Insurance:	
Ins Co Name:	PHP MDCR HMO PRIME	Ins Co Name:	
Address 1:	PO BOX 3125	Address 1:	
Address 2:		Address 2:	
City, State Zip:	PORTLAND, OR 97208-3125	City, State Zip:	
Policy Number:	10021261400	Policy Number:	
Group #:	100100	Group #:	
Primary Policy Holder / Insured:		Secondary Policy Holder / Insured:	
Name:	HUGHES,LEONARD	Name:	
Address:	10705 NE KNOTT ST	Address:	
	PORTLAND, OR 97220-2832		
Pt Relation to Subscriber:	Self	Pt Relation to Subscriber:	

Order Report - DME

DME: PAP Supplies (Order #2021816395) on 8/18/25

Robert L Wells MD
9-2-2025

DME: PAP CPAP/BiLevel (Order 2030457173)

DME

Date: 9/2/2025 Department: Providence Internal Medicine The Plaza Ordering/Authorizing: Robert L Wells, MD

DME: PAP CPAP/BiLevel

Electronically signed by: **Robert L Wells, MD on 09/02/25 1124** Status: **Active**
Ordering user: Robert L Wells, MD 09/02/25 1124 Ordering provider: Robert L Wells, MD
Authorized by: Robert L Wells, MD
Frequency: 09/02/25 -
Diagnoses
Obstructive sleep apnea hypopnea, severe [G47.33]

Questionnaire

Question	Answer
length of need in months (99=Lifetime)	99
PAP mode	auto ASV Resmed (E0471)
resp rate	15
EPAP min	12
EPAP max	15
PS min	4
PS max	15
interface type	full face (1 every 3 months)
humiditity	heated humidifier
provider preferred device type	Resmed
substitutes allowed based on availablity	Yes

Process Instructions

CHART OF MEDICAL NEED

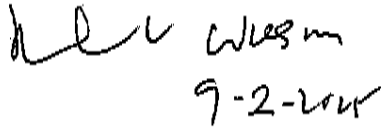
If Equipment is to be delivered to home address please see below otherwise see comment field for delivery address:
Patient Home Address:
10705 Ne Knott St
Portland OR 97220-2832

Patient Phone Numbers:
503-252-8633 (home)
Home Phone 503-252-8633
Mobile 503-729-2941

Patient Payor: PROVIDENCE HEALTH PLAN MEDICARE / Plan: PHP MDCR HMO PRIME / Product Type: Medicare /

**Supplies:
- disposable filters (2 per month) /non-disposable filters (1 per 6 months) HCPCS A7038/A7039
- humidifier heater/non-heated (1 per 5 years) HCPCS E0562/E0561
- water chamber (1 per 6 months) HCPCS A7046
- tubing/heated tubing (1 per 3 months) HCPCS A7037/4604
- chin strap (1 per 6 months) HCPCS A7036
- nasal pillow (2 per month) HCPCS A7033
- nasal cushion (2 per month) HCPCS A7032
- full face mask cushion (1 per month) HCPCS A7031
- oral mask cushion (2 per month) HCPCS A7028

- head gear (1 per 6 months) HCPCS A7035
- full face (1 per 3 months) HCPCS A7030



- nasal interface (1 per 3 months) HCPCS A7034
- oral mask (1 per 3 months) HCPS A7044

**The supplies listed above are compliant with Medicare standards. Patient's insurance plan may permit re-supplies different from these standards.

Assure PAP machine has Efficacy Data capability.

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Internal Referral

Additional Details

Phase of Care:
None

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Obstructive sleep apnea hypopnea, severe - Primary	G47.33	327.23

Authorizing Provider: Robert L Wells, MD NPI #: 1538192158

Patient Information

Patient Name	Gender Identity	DOB	SSN	Address	Phone
Hughes, Leonard	Male	11/25/1952	xxx-xx-2598	10705 NE KNOTT ST PORTLAND OR 97220-2832	503-252-8633 (Home) *Preferred* 503-729-2941 (Mobile)

Ordering Site Information:		Physician Information:	
Location:	PROVIDENCE INTERNAL MEDICINE	**Enc. Provider:**	Robert L Wells, MD
Address:	THE PLAZA 5050 NE HOYT SUITE 454 PORTLAND OR 97213-2984 Phone: 503-215-6405 Fax: 503-215-6429	**Auth. Provider:**	Robert L Wells
		Encounter Number:	50992475544 Electronically Signed.

Responsible Party / Guarantor Information:	
Name:	HUGHES,LEONARD
Address:	10705 NE KNOTT ST
City, State Zip:	PORTLAND, OR 97220-2832
Phone:	503-252-8633
Relation to Pt:	Self
Employer Name:	

ABN:	Worker's Comp: N	Date of Injury:

Insurance Information:

9-2-2025

Primary Insurance:		Secondary Insurance:	
Ins Co Name:	PHP MDCR HMO PRIME	Ins Co Name:	
Address 1:	PO BOX 3125	Address 1:	
Address 2:		Address 2:	
City, State Zip:	PORTLAND, OR 97208-3125	City, State Zip:	
Policy Number:	10021261400	Policy Number:	
Group #:	100100	Group #:	
Primary Policy Holder / Insured:		**Secondary Policy Holder / Insured:**	
Name:	HUGHES,LEONARD	Name:	
Address:	10705 NE KNOTT ST PORTLAND, OR 97220-2832	Address:	
Pt Relation to Subscriber:	Self	Pt Relation to Subscriber:	

Order Report - DME

DME: PAP CPAP/BiLevel (Order #2030457173) on 9/2/25

9-2-2025