



Phone: 503-215-6405

Main Fax: 503-215-6429

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

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Fax Cover Sheet

From:

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

To: RespShop.com

Date: 9/2/2025

Fax Number: (800) 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.

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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)

humidity

heated humidifier

substitutes allowed based on availability

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) HCPCS A7044

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

Robert L Wells MD
9-2-2025 1/3

9/2/25, 1:32 PM

Hughes, Leonard (MR # 20003027871) DOB: 11/25/1952

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	DOB	SSN	Address	Phone
Hughes, Leonard	Identity	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 Address: THE PLAZA 5050 NE HOYT SUITE 454 PORTLAND OR 97213-2984 Phone: 503-215-6405 Fax: 503-215-6429	Enc. Provider: Robert L Wells, MD 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:
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Insurance Information:

Robert L Wells MD
9-2-2025

9/2/25, 1:32 PM

Hughes, Leonard (MR # 20003027871) DOB: 11/25/1952

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

Order Report - DME

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

HL WUSMA
9-2-2015

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

DOB

SSN

Address

Phone

Hughes, Leonard

Identity

11/25/1952 xxx-xx-

10705 NE KNOTT ST

503-252-8633 (Home)

Male

2598

PORTLAND OR 97220-2832

Preferred

503-729-2941 (Mobile)

9/2/25, 1:33 PM

Hughes, Leonard (MR # 20003027871) DOB: 11/25/1952

Ordering Site Information:	Physician Information:
Location: PROVIDENCE INTERNAL MEDICINE Address: THE PLAZA 5050 NE HOYT SUITE 454 PORTLAND OR 97213-2984 Phone: 503-215-6405 Fax: 503-215-6429	Enc. Provider: Robert L Wells, MD 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:
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Insurance Information:	
Primary Insurance:	Secondary Insurance:
Ins Co Name: PHP MDCR HMO PRIME Address 1: PO BOX 3125 Address 2: City, State Zip: PORTLAND, OR 97208-3125 Policy Number: 10021261400 Group #: 100100	Ins Co Name: Address 1: Address 2: City, State Zip: Policy Number: Group #:
Primary Policy Holder / Insured:	Secondary Policy Holder / Insured:
Name: HUGHES,LEONARD Address: 10705 NE KNOTT ST PORTLAND, OR 97220-2832 Pt Relation to Subscriber: Self	Name: Address: Pt Relation to Subscriber:

Order Report - DME

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

RL 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)
humidity	heated humidifier
provider preferred device type	Resmed
substitutes allowed based on availability	Yes

Process Instructions**CHART OF MEDICAL NEED**

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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:**

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- 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

Robert L Wells
9-2-2025

9/2/25, 1:33 PM

Hughes, Leonard (MR # 20003027871) DOB: 11/25/1952

- 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	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 Address: THE PLAZA 5050 NE HOYT SUITE 454 PORTLAND OR 97213-2984 Phone: 503-215-6405 Fax: 503-215-6429	Enc. Provider: Robert L Wells, MD 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:
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Insurance Information:

Handwritten signature: R. L. Wells
9-2-2015 2/3

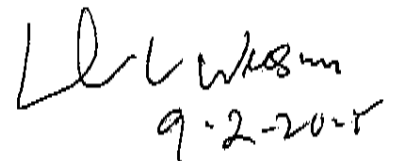
9/2/25, 1:33 PM

Hughes, Leonard (MR # 20003027871) DOB: 11/25/1952

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

Order Report - DME

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



Handwritten signature and date: 9-2-20-25