

Name: \_\_\_\_\_  
 Last First

DOB: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
 DD / MMM / YYYY Version Code

Address: \_\_\_\_\_  
 Postal Code

City: \_\_\_\_\_ Province Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Home Cell Work

Alternate Contact: \_\_\_\_\_  
 (If we can't reach you) Name Phone or Email

**PREFERRED METHOD OF COMMUNICATION** ☐ Phone ☐ Email ☐ Day ☐ Evening ☐ No Preference

Private Insurance: \_\_\_\_\_  
 Name Employer Plan # ID

Secondary Insurance: \_\_\_\_\_

Other Funding: ☐ OW (Ontario Works) ☐ ODSP ☐ VAC ☐ RCMP ☐ NIHB ☐ None

## SYMPTOMS

- ☐ SNORING
- ☐ RESTLESS SLEEP
- ☐ GASPING FOR AIR / CHOKING
- ☐ WITNESSED APNEA
- ☐ TIRED
- ☐ NEED TO NAP
- ☐ MORNING HEADACHES
- ☐ MEMORY LOSS
- ☐ IRRITABILITY (IMPATIENT)
- ☐ INSOMNIA

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

## ASSOCIATED CONDITIONS

- ☐ HIGH BLOOD PRESSURE
- ☐ CHRONIC PAIN
- ☐ DEPRESSION / ANXIETY
- ☐ DIABETES
- ☐ HEART DISEASE
- ☐ THYROID DYSFUNCTION
- ☐ ACID REFLUX
- ☐ NASAL CONGESTION
- ☐ DEVIATED SEPTUM
- ☐ SEASONAL ALLERGIES / POST NASAL DRIP
- ☐ MIGRAINES
- ☐ PERIODIC LIMB MOVEMENT (PLM)
- ☐ DENTURES / MOUTH GUARD

## SLEEP PATTERN

Bed Time: \_\_\_\_\_

Wake up time: \_\_\_\_\_

How long to fall asleep? \_\_\_\_\_

Position: ☐ Side ☐ Back ☐ Stomach

Number of pillows: \_\_\_\_\_

Bathroom: \_\_\_\_\_ times per night

Do you smoke ? Y ☐ N ☐

Sleep medication Y ☐ N ☐

Why did you choose Inspiration Medic ?

\_\_\_\_\_

Have you purchased a device before ?

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

SN#: \_\_\_\_\_

## TO BE COMPLETED BY CLINICIAN

HC # VERIFICATION ☐

SLEEP LAB: \_\_\_\_\_

ORIGINAL REQUEST / Rx: \_\_\_\_\_

SLEEP PHYSICIAN: \_\_\_\_\_

NEXT APPOINTMENT: \_\_\_\_\_

**Consent to Treatment:** I voluntarily authorize the rendering of such care, including diagnostic procedures and/or medical treatment as prescribed by Dr. \_\_\_\_\_ by authorized agents and employees of Inspiration Medic Inc. (**referred to as IM**), its clinical staff and their designees, as may in their professional judgement be deemed necessary or beneficial. I acknowledge that no guarantees have been made as to the effect of such treatment on my condition or the condition of the person for whom I am duly authorized to sign. I understand that I have the right to make decisions concerning my health care or the health care of the person for whom I am duly authorized to make such decisions, including the right to refuse medical treatment. The diagnostic and/or treatment services prescribed include **PAP Therapy**.

**Consent for collection and release of information:** I have been informed by **IM** of the need to collect, use and store personal information about me, as is reasonably necessary, including health information, in order to contact me, including by e-mail to provide me with **PAP Therapy** services and products.

I authorize Inspiration Medic to disclose all relevant information to health professionals who require such information to provide health services, to conduct medical research and to obtain payment from payers' agencies such as the Ministry of Health, Social Services, third party medical insurance carriers and other parties as requested.

**Consent to monitoring:** I agree for my treatment compliance and efficacy to be monitored via modem \_\_\_\_\_ or memory card \_\_\_\_\_. In some instance, the information resides on a US secure server – as applicable.

**Release of Liability:** I acknowledge that I am using the equipment at my own risk and release **IM** from any claim for damages or losses of any kind, which might arise from the use of the equipment. I acknowledge that I have received the information about the nature, purpose, benefits, risks and side effects of **PAP Therapy** and likely consequences of stopping or not having the treatment and acknowledge that I have received instructions about my therapy, the safe use of the equipment, and explanation of Inspiration Medic's services.

**Financial responsibility:** Except for free trial and government funded products and services, I agree to be responsible to **IM** for applicable charges – as applicable.

**Client Responsibility:** I accept full responsibility for the care of the equipment provided to me by **IM**. If it is lost, stolen or damaged carelessly and/or willingly while in my possession, I am responsible for the full costs associated with the repair or replacement of the equipment. This specifically includes cigarette smoke and water ingress damages to which a cleaning or repair fee would be applicable – as applicable.

I understand that if I wish to withdraw my consent or permission to contact me, I need to notify Inspiration Medic in writing.

I HAVE RECEIVED A COPY OF THE "ASSISTIVE DEVICES PROGRAM" FACTS SHEET AND A COPY OF THIS CONSENT THAT I HAVE READ, UNDERSTOOD AND SIGNED in (City)

\_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client or Designee and Relationship to Client

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
Signature of Witness

## **Applicant Information Sheet Respiratory Equipment and Supplies**

### **What kind of respiratory equipment and supplies does the Assistive Devices Program (ADP) cover?**

- apnea/cardiorespiratory monitors
- medication compressors (portable and stationary)
- high output air compressors
- airway clearance devices
- suction machines and the associated supplies
- tracheostomy tubes and associated supplies
- continuous positive airway pressure (CPAP) systems
- autotitrating positive airway pressure (APAP) systems
- bi-level positive airway pressures (BPAP) systems

Apnea/cardiorespiratory monitors are covered for only infants who meet specific medical criteria.

### **Who can apply?**

Any permanent resident of Ontario who has a valid health card issued in their name, has a respiratory illness or dysfunction resulting in a need for respiratory equipment and supplies, and meets the established medical eligibility criteria .

ADP does not provide funding assistance to individuals eligible for funding assistance under Workplace Safety & Insurance Board or to Group "A" Veterans for their pensioned conditions.

ADP does not provide funding assistance to people in acute or chronic care hospitals.

### **How do I apply?**

To receive funding assistance for the following devices you must be assessed by a physician or nurse practitioner, preferably one who specializes in respiratory illness:

- apnea/cardiorespiratory monitors;
- medication compressors (portable and stationary);
- high output air compressors;
- airway clearance devices;
- suction machines and the associated supplies; and
- tracheostomy tubes and associated supplies.

The physician or nurse practitioner will identify the equipment and supplies you require and confirm your eligibility for ADP funding assistance.

To receive funding assistance for **CPAP/APAP/BPAP systems** you must be assessed by a physician who works at a sleep clinic registered with the ADP.

*An Application for Funding Respiratory Equipment and Supplies* form must be submitted on your behalf.

You can get this form from your physician or nurse practitioner, an ADP registered vendor or by calling ADP. The form is completed and signed by you or your agent, the prescribing physician or nurse practitioner, and the ADP registered vendor.

### **What eligibility criteria do I have to meet?**

Eligibility for funding assistance is based on established medical criteria and is different for each type of equipment. You should discuss the criteria with your physician or nurse practitioner, or a qualified health professional.

### **Who can sign my application form?**

You are required to sign the application form. If you are unable to sign, someone who has the legal authority to act on your behalf may do so. This may be your spouse, parent, child, power of attorney, or public trustee.

## What happens then?

It should take approximately six weeks from receipt of a properly completed form for ADP to review your application. If ADP is unable to approve funding, your physician or nurse practitioner will be notified directly by mail. If funding is approved, ADP will notify your vendor.

## How much money does ADP pay for respiratory equipment?

ADP pays 75% of the ADP approved price for respiratory equipment, including:

- medication compressors;
- high output air compressors;
- airway clearance devices;
- suction machines; and
- CPAP/APAP/BPAP systems.

If you are receiving social assistance through Ontario Works (OW), Ontario Disability Support Program (ODSP) or Assistance to Children with Severe Disabilities (ACSD) the ADP may pay 100% of the ADP approved price.

ADP funds 75% of the ADP approved monthly rental price for **apnea/cardiorespiratory** monitors.

Apnea/cardiorespiratory monitors are for infants at risk of Sudden Infant Death Syndrome and may be rented up to a maximum of 6 months. There is no funding for rentals for more than 6 months.

## Will the ADP pay 100% of the costs for my equipment?

Not necessarily. You must pay for any non ADP funded options you may choose to purchase for your equipment. Be sure to ask your vendor how much of the total cost you will be responsible for.

## How do I get my respiratory equipment?

You must purchase your respiratory equipment from a vendor registered with the ADP. You can select any ADP registered vendor in your community.

A list of vendors is available on our Web site at [www.health.gov.on.ca/adp](http://www.health.gov.on.ca/adp) or by contacting us (please see the last page of this information sheet). We advise you to shop around among ADP registered vendors as services may vary.

## How much funding does ADP provide for respiratory supplies?

For the supplies associated with suction machines and tracheostomy tubes, you will receive an annual grant amount, paid to you in 4 equal instalments. The grant amount varies depending on the supply category.

## How do I get my respiratory supplies?

You may purchase your respiratory supplies from any supplier who sells these products, regardless of their registration status with the ADP.

You are required to retain the original receipts for supplies purchased under the annual grant. You must retain the receipts in your files for 2 years.

## Do I have to renew funding assistance for respiratory supplies?

Funding assistance for respiratory supplies must be renewed every 2 years. A renewal form will be mailed to you prior to the end of your 2 year funding period. You must complete this form, confirming your on-going need for the supplies and return the document to the ADP. After this form is returned to ADP you will continue to receive your grant payments.

## How do I know what respiratory equipment or supplies to get?

Your physician or nurse practitioner may refer you to a health professional such as a registered respiratory care practitioner, registered nurse, or registered physiotherapist. They may recommend the respiratory products that are best for you.

You may take the form directly to an ADP registered respiratory vendor. Registered vendors have staff to assist you in selecting a product to best meet your needs.

If you need a **CPAP/APAP/BPAP system**, your sleep clinic physician or another member of the sleep clinic may assist you in selecting the product that best meets your needs.

### **Who do I call if I have problems with my equipment?**

If you have any problems using your equipment contact your ADP registered vendor.

### **Does ADP pay for repairs?**

The ADP does not pay for repairs or maintenance. You own the equipment and are responsible for taking care of it.

### **What if I need to replace my equipment?**

The ADP will provide funding assistance for a replacement device at the end of a specified period of time if your equipment is no longer in good working order and no longer under warranty.

### **What if I purchase my equipment before the physician or nurse practitioner signs the application form?**

ADP will only pay the amount approved if the device is purchased on or after the date the physician or nurse practitioner signs the application form. If you ask your vendor to order your equipment before this date, you will be responsible for paying the full amount to the vendor.

### **What if I am not eligible for ADP funding assistance?**

If you need respiratory equipment and supplies but are not eligible for funding assistance, your insurance company may pay for it. You may wish to check with your insurance company to see if they will pay for them.

### **What if I have more questions about ADP?**

Contact us at:

Ministry of Health and Long-Term Care  
Assistive Devices Program  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto Ontario M2M 4K5

Telephone 416 327-8804

Toll Free 1 800 268-6021

TTY 416 327-4282

TTY Toll Free 1 800 387-5559

Fax 416 327-8192

Email [adp@ontario.ca](mailto:adp@ontario.ca)

### **OR**

visit our web-site at: [www.health.gov.on.ca/adp](http://www.health.gov.on.ca/adp)