

Portable Oxygen Concentrator Request

Thank you for choosing Apria Healthcare to assist you in planning your travels with a Portable Oxygen Concentrator unit. There are a few simple steps that you need to complete to enable us to reserve a unit for your trip. The attached form and all related documents should be completed and provided to your local Apria Healthcare branch at least 10 business days prior to your departure. Doing so will help us ensure that we have a unit available at the time of your trip.



Rental Information

A few items to note prior to filling out the information on the next page.

- ☞ Minimum rental period is seven (7) calendar days.
- ☞ Units can only be provided to patients traveling within the United States.
- ☞ Apria Great Escapes provides “pulse dosing” Portable Oxygen Concentrators that are not designed to be used during sleep so you must also make arrangements for the delivery of additional oxygen equipment to your destination.
- ☞ If traveling by air, you must contact your airline in advance to inform them that you will be bringing a Portable Oxygen Concentrator on your trip and provide the airline with any required information. You will also need to carry a copy of your prescription with you at all times during air travel.
- ☞ Most airlines require up to 2 times the battery life for the length of your flight (e.g., a two (2) hour flight requires four (4) hours of battery life). Review your airline’s requirements for additional details. Apria’s policy is to provide 2 times the battery life needed on all flights.
- ☞ A credit card is required for Apria Healthcare to secure you with a Portable Oxygen Concentrator. This card will be charged for the planned duration of your trip when you confirm the order. (NOTE: This is a private pay program. Apria Healthcare will not submit a bill for a Portable Oxygen Concentrator that is used during travel, i.e., “bill for denial,” (i) to non-Medicare insurance companies unless required by contract, or (ii) to Medicare unless requested by you on the attached Advance Beneficiary Notice form).
- ☞ Your secured unit must be picked up by the user, at the branch, where the user will be tested to ensure that he/she is able to tolerate the unit. The Travel Department must be contacted to arrange pick up before the date specified, otherwise late and other charges will begin to accrue.
- ☞ If you are traveling more than 14 calendar days (two rental episodes) and do not plan to use the unit the entire time, to avoid additional rental episode charges, you can return the unit and schedule a unit to be ready for you to pick up at the local branch for your return trip. Scheduling the unit for your return trip should be done during your call with Apria Healthcare’s Portable Oxygen Concentrator Rental Center Representative.



Portable Oxygen Concentrator Request



Instructions: All fields are required and submission of the form must be at least 10 business days prior to departing on your trip.

1 Patient Information

Patient Name _____ Primary Home Phone _____
 Home Address _____ Cell Phone _____
 City _____ State _____ Zip _____ Method of Travel:
 Destination _____ Air Train Car RV Other
 Street Address _____ Payment Type:
 City _____ State _____ Zip _____ Visa MasterCard Discover
 Hours of Use During Travel (i.e., flight time, including layovers, wait and drive times, or all time between battery charges) _____ Date of Departure _____ Date of Return _____

2 Obtaining a Prescription

Please have your doctor complete the attached form called "Portable Oxygen Concentrator Prescription and Physician Statement of Necessity." If you or your doctor have questions about the form, please contact 1-888-492-7742. Follow the prompts for the Travel Dept.

3 Processing of the Prescription

Once you have completed this information page (DO NOT LEAVE ANY PORTION BLANK) and have the completed prescription form from your physician, take both forms to your local branch for processing. Your local branch will review and confirm that all required information is complete and send your request to our POC Retail Center for processing.

4 Secure Unit with Payment

Once our specialized team has your order and has confirmed that a unit will be available, an Apria Healthcare representative will contact you directly to confirm the information you provided and inform you of your responsibilities and cost. You will need to secure the unit with a credit card at this time (we accept Visa, MasterCard, and Discover).

5 Shipment

A unit will be shipped to your local branch and will be available for you to pick up on the date agreed upon during your conversation with our team. This is typically the last business day prior to your departure date. A Licensed Practitioner will test you on the machine and ensure that you will be able to tolerate the unit during your travels.

6 Short Notice/Emergency Notice

If you are unable to get the forms into Apria with 10 business days' advance notice, we may still be able to assist you, but there will be an additional shipping charge. That fee will be charged to your credit card on the day of the order and is a non-refundable charge.

7 Cancellation

If you cancel the trip with fewer than 10 business days' notice, a cancellation fee of \$50.00 will be charged to your credit card.

8 Enjoy Your Trip!

One or two business days before your return date, contact the Great Escapes Travel Team to arrange for the FedEx Call Tag to be processed. This is an important step to make sure that you do not begin to accrue late charges. Late days (including weekends and holidays) are charged at a minimum of \$50.00 per day until the unit is returned.

User Signature _____ Date _____

INTERNAL APRIA USE ONLY

Submitted by (PRINT name) _____ Contact phone _____
 >10 Days Yes No Complete Yes No Prescription (Rx) Yes No
 BU _____ ID _____ Date Received _____
 Pick-Up Branch _____ Drop-Off Branch _____

Portable Oxygen Concentrator Prescription and Physician Statement of Necessity

1 Patient Information

Patient Name _____ Date of Birth _____

Date of Travel _____

Your patient has requested that a Portable Oxygen Concentrator unit be provided by Apria Healthcare for use during travel. Please sign and return the following order so that the patient can be tested and provided with this equipment, as requested. Please also check the appropriate boxes below as they pertain to this patient. This information is required for air travel by the Federal Aviation Administration. The patient will need a copy of this prescription to be carried with him/her at all times during air travel.

2 Prescription (Rx)

Perform oximetry testing on the above-named patient at rest and with activities of daily living while on a Portable Oxygen Concentrator with pulse dose conserving device. Adjust the pulse dose setting on the Portable Oxygen Concentrator to maintain the patient's oxygen saturation at or above 90% at rest and with activities of daily living. If the oxygen saturation is able to be maintained at or above 90%, set my patient up on the same make and model Portable Oxygen Concentrator with which they were tested.

3 Physician Statement

Recognizing the possibility of changes in cabin pressure during the flight or changes in altitude during the trip, the patient may adjust the flow on the Portable Oxygen Concentrator to a maximum of:

(Please check one box) 1 2 3 4 5

Patient and/or caregiver can appropriately see, hear and respond to any alarms on the Portable Oxygen Concentrator.

Patient's medical condition is such that his/her intended travel does not represent an unreasonable risk to his/her well being.

Oxygen Use Please check one of the following:

Patient requires the use of oxygen before, during and after flight. This includes the use of oxygen while in the airport terminal, during take off and landing and while ambulating throughout the cabin of the aircraft.

Patient requires the use of oxygen at all times during the trip.

Patient requires the use of oxygen ONLY during the flight.

Patient requires the use of oxygen only with exertion, ambulation, or as needed. Does not need during sleep.

Physician Name
(Please print) _____

Physician Signature _____ Date _____

PATIENT — For equipment questions or issues during travel, please call (866) 492-7742