



6421 W. Homosassa Trail • Homosassa, FL 34448  
The Villages: 753-1212 PH: 866-963-9247 • FAX: 352-628-0379  
"Your Local Indoor Air Quality Specialist Since 1997"

[www.newair.biz](http://www.newair.biz)

Exclusive Authorized Dealer For



Dear IQAir Homeowner,

I am writing today regarding your purchase of the IQAir Health Pro Plus Portable Air Purification System. We at Back To New Heating & Cooling are very proud of the quality and performance of the IQAir System(s) we installed in your home and have enjoyed the FDA placing IQAir North America Health Pro Plus Portable Air Purification System in the Class II medical device category.

IQAir's North America FDA number is 207558. The FDA regulation number for these systems is 880.5045 under Medical Re-Circulating Air Cleaner.

As a Class II medical device you the homeowner can, with a prescription from your Primary Care Doctor, submit the cost of the IQAir Health Pro Plus Portable Air Purification System to your insurance company. Your Doctor must assign the FDA # of 207558 as well as the regulation number 880.5045 for the air purification system and include this on the prescription slip as well as a description of why the device is needed to include the code# (Allergic Rhinitis Code# 477.9, Chronic Obstructive Asthma Code# 493.20, COPD Code# 496.0, Emphysema Code# 492.0).

Thank you for purchasing your IQAir Health Pro Plus Portable Air Purification System to greatly improve your Indoor Air Quality.

*Disclaimer: These directions are a guideline only. Back To New Heating & Cooling takes no responsibility for accuracy of this information.*

Best regards,

Gerry Gagliardi

Assistant Service Manager  
Back To New Heating & Cooling  
6421 W. Homosassa Trail  
Homosassa, FL 34448



DISCLAIMER: THESE DIRECTIONS ARE A GUIDELINE ONLY. FORM NUMBERS, CONTACT INFORMATION AND CRITERIA ESTABLISHED BY AGENCIES BELOW MAY CHANGE AT ANY TIME. BACK TO NEW HEATING & COOLING & IQAIR TAKES NO RESPONSIBILITY FOR ACCURACY OF THIS INFORMATION.

**NECESSARY STEPS TO FOLLOW FOR SUBMISSION:**

1. End user must have a prescription.
2. Description of why the device is needed to include the code # (Allergy Code# 477.9, Asthma Code# 493.90).
3. Itemized bill for the device.
4. Statement from the contractor indicating " we are not nor do we want to become a Medicare provider".
5. Patient's Request for Medical Payment form CMS-1490S completed.
6. Original paper work sent to Medicare based on location of the end user. IE: Florida, New York
7. A response will be sent within 90 days.
8. A summary will be sent within 150 days.
9. Medicare does not guarantee payment. Payment is based on need etc.
10. Any missing information will prompt return of the application.

<http://www.medicare.gov/MedicareOnlineForms>

<http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>

**Medicare Online Forms**

You can view, print, or electronically submit forms online by accessing the links below. Simply click on the applicable link and you will be directed accordingly. Please call 1-800-MEDICARE (1-800-633-4227) for assistance filling out these forms. TTY users should call 1-877-486-2048.

You will need Adobe Acrobat Reader software to view the PDF versions

TITLE	FORM NUMBER	PURPOSE	LANGUAGE AVAILABILITY
<a href="#">Medicare Authorization to Disclose Personal Health Information</a>	CMS-10106	Authorizes CMS to disclose personal health information to persons or organizations that you designate.	English Spanish
<a href="#">Patient's Request for Medical Payment</a>	CMS-1490S	Used by the beneficiary to file a claim with Medicare for services and/or supplies received. Click on the link on the left to access the forms and instructions. You will need to print out both the CMS 1490S form and the applicable instructions. The address for form submission is included in the instructions.	English Spanish
<a href="#">Medicare Appeals Form</a>		Used by the beneficiary to appoint a representative, transfer appeal.	English