



Your CPAP Data, Medicare, and the 'Compliance' Rule

Medicare, the Modem, and the 'Compliance' Rule

— An Extended Guide · No. 1750 —

Tech Made Simple. Service Made Personal.

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What's Inside

Everything in this guide, with page numbers. Skip to whichever chapter answers your question right now.

The 60-Second Version	4
1. What This Guide Is Really About	4
2. The Little Modem Inside	5
3. The 'Compliance' Rule in Plain Words	5
4. Why the First 90 Days Matter	6
5. The Follow-Up Visit	6
6. How Medicare Pays for the Machine	7
7. What It Costs You	7
8. Where You Can See Your Own Numbers	8
9. What the Usage Hours Mean	8
10. Events Per Hour	9
11. What Mask Leak Means	9
12. The Daily Score in myAir	10
13. Nights Bounce — Watch the Pattern	10
14. If the Early Weeks Are Rough	11
15. When the Trouble Is the Mask	11
16. When the Pressure Feels Like Too Much	12
17. Who Your DME Supplier Is	12
18. The Replacement-Supply Schedule	13
19. How Resupply Reaches Out	13
20. Who Can See Your CPAP Data	14

21. How to Check Your Own Compliance	14
22. If Coverage Falls Through	15
23. A Word on the 90-Day Rule Itself	15
24. If the Machine Can't Phone Home	16
25. Medicare Advantage and Other Coverage	16
26. Common Worries, Answered	17
27. A Note for the Family Helper	17
28. A Few Myths, Cleared Up	18
29. A Night in the Life	18
30. What the First 90 Days Feel Like	19
31. What the Numbers Mean — and Don't	19
32. Talking With Your Doctor About the Data	20
33. Your Say in All of This	20
34. When to Call the Doctor — or 911	20
35. You Don't Have to Do This Alone	21
Everyday Cheat Sheet	22
A Picture to Follow Along	23
A Second Look	24
A Note From Bill	24
Your Visit — and My Promise	25

SUMMARY

The 60-Second Version

If you read one page first, make it this one. Your CPAP machine has a small modem inside that records how many hours you use it each night and sends that to your equipment supplier and doctor automatically. Medicare looks at those hours to decide whether it keeps paying for the machine.

- To keep coverage, Medicare generally wants you using the machine at least 4 hours a night on 70% of nights in a 30-day window, during the first 90 days — plus a follow-up visit with your doctor.
- You don't send anything in; the machine's modem reports the usage on its own.
- You can watch your own numbers in a free app — ResMed's myAir or Philips' DreamMapper — or just ask your supplier.
- If the early weeks are rough, call your doctor or supplier about mask fit and comfort. Don't quietly give up.

WATCH OUT

This is information, not medical advice. I can explain where the numbers live and what they're called. What your numbers mean for your sleep and your health — and any change to your therapy — is a conversation for your doctor. If you ever feel truly unwell, call your doctor, or 911 in an emergency.

THE BASICS

1. What This Guide Is Really About

The data side of CPAP, not how to run the machine.

There are already good guides on how to wear a CPAP mask, clean it, and sleep comfortably with it. This one is different. It's about something quieter that most people never think about: the stream of little numbers your machine collects and sends out while you sleep.

That data matters for one big reason. Medicare doesn't just hand you a CPAP and forget about it. It pays for the machine a bit at a time, and it keeps paying only if the numbers show you're actually using it. So the data isn't busywork — it's tied directly to whether the machine stays yours.

GOOD TO KNOW

You don't have to do anything special to make the reporting happen. It's automatic. This guide just pulls back the curtain so none of it feels like a mystery.

THE MODEM

2. The Little Modem Inside

Your machine has a cell phone built in.

Nearly every CPAP machine prescribed today has a wireless modem tucked inside — think of it as a tiny cell phone that only sends sleep data. Each morning, or sometimes in the small hours, it quietly dials out over a cellular signal and uploads what happened overnight.

Because it uses its own cellular signal, it usually doesn't need your home Wi-Fi or your phone at all. You plug the machine in, and it takes care of the rest. That's why your supplier may already know your numbers before you've thought to look.

- The modem sends usage data, not sound or video — it's not a microphone listening to your bedroom.
- It generally works anywhere there's cell service, like a phone.
- If it ever can't connect, the machine stores the data and catches up later.

TIP

Leave the machine plugged in at the wall even when you're not sleeping. That's how it finds a quiet moment to send the night's data.

THE RULE

3. The 'Compliance' Rule in Plain Words

What Medicare actually wants to see.

Here's the rule that scares people, said simply. To keep Medicare paying for your CPAP, you generally need to use it at least four hours a night, on at least 70% of nights, within some 30-day stretch during your first 90 days on the machine. Seventy percent of thirty nights works out to about 21 nights.

Put even more plainly: wear it most nights, for a good chunk of the night, and you're fine. You don't have to be perfect. You don't have to hit it every single night. You need a solid run of 'four hours or more' across most of a month.

GOOD TO KNOW

The word "compliance" sounds stern, like you're in trouble. You're not. It just means "using it enough that insurance sees it's helping." Some clinics now say "adherence" for the same thing.

THE CLOCK

4. Why the First 90 Days Matter

The window that sets up your coverage.

The reason everyone talks about the first 90 days is that this is the trial window. Medicare wants proof, early on, that the machine is being used before it commits to paying the whole way through. Meet the usage target inside that window, and the coverage stays on track.

The 30 consecutive days don't have to be the very first 30. Many clinics watch to make sure you hit a good 30-day run somewhere inside the 90-day period. That's a little breathing room if the first week or two is bumpy while you get used to it.

TIP

Ask your supplier exactly when your 90-day window started and when they'll check your numbers. Knowing the date takes the guesswork out of it.

THE VISIT

5. The Follow-Up Visit

A number isn't enough on its own.

Usage hours are only half of it. Medicare also generally wants a follow-up visit with the doctor who ordered the CPAP, usually inside that first 90 days, where the doctor notes that the therapy is helping you. The machine proves you're using it; the visit proves it's doing some good.

- It's often a short visit — in person or, in many cases, by telehealth.
- The doctor may glance at your usage and ask how you're sleeping and feeling.
- Missing this visit can put coverage at risk even if your hours look great, so don't skip it.

WATCH OUT

Don't assume the visit will schedule itself. Put it on your calendar, and call the office if you haven't heard from them as the 90 days tick by.

THE PAYMENT

6. How Medicare Pays for the Machine

A rental, not a one-time purchase.

This surprises people: Medicare usually doesn't buy your CPAP outright on day one. It rents it, paying the supplier month by month for a stretch, and after enough months of covered rental the machine becomes yours to keep. That's why usage matters every month early on, not just once.

The supplier you get the machine from is called a DME — durable medical equipment — provider. During the rental months, they're the ones watching your usage data and billing Medicare. If the numbers fall short, those monthly payments can stop, and the arrangement can unravel.

GOOD TO KNOW

Because it's a rental at first, keep the machine and all its parts safe and don't toss any paperwork. It isn't fully yours until the covered rental period is done.

YOUR SHARE

7. What It Costs You

The usual Medicare math, in plain terms.

CPAP equipment falls under Medicare Part B. That means the familiar pattern: after your yearly Part B deductible — a few hundred dollars in 2026 — Medicare generally pays 80% and you pay the other 20%. On a monthly rental, that 20% shows up as a small monthly share for a while.

- If you have a Medigap (supplement) plan, it often picks up that 20% share.
- Supplies, like masks and tubing, are billed the same way over time.
- Always ask the supplier for a plain estimate of your out-of-pocket cost before you start.

WATCH OUT

Exact dollar amounts and rules shift year to year, and Medicare Advantage plans set their own terms. Confirm your real cost with the supplier and, if you want, at Medicare.gov or 1-800-MEDICARE.

THE APPS

8. Where You Can See Your Own Numbers

A free app shows you what the supplier sees.

You don't have to call anyone to find out how you're doing. The two big machine makers each offer a free app that shows your own nightly numbers. Which one you use depends on the brand of machine you were given.

- ResMed machines pair with an app called myAir.
- Philips Respironics machines pair with one called DreamMapper.
- Both are free, and both show last night's use plus a running history.

You set it up once — download the app, make an account, and enter the machine's serial or device number so it knows which machine is yours. After that, it just fills in each morning on its own.

TIP

Setting up the app the first time is exactly the kind of five-minute thing I'm glad to sit with you for. Once it's linked, checking it is as easy as checking the weather.

THE HOURS

9. What the Usage Hours Mean

The number Medicare cares about most.

The headline number in the app is usage hours — how long you actually wore the mask with the machine running. This is the one tied to the compliance rule, so it's worth understanding. It counts time breathing through the mask, not time the machine sat on while you brushed your teeth.

If you take the mask off at 3 a.m. and don't put it back on, those later hours don't count. That's why a night can feel long but the app shows only three hours — it's measuring mask time, not bedtime.

GOOD TO KNOW

Four hours is the coverage floor, not a goal. More is generally better for how you feel, but your doctor is the one to talk with about what's right for you.

THE SCORE

10. Events Per Hour

The number the machine counts overnight.

You'll also see a number of 'events per hour,' sometimes labeled AHI. In plain terms, it's how many times an hour the machine noticed your breathing pause or go shallow. The whole point of CPAP is to keep that number low by holding your airway open with gentle air.

A lower number generally means the therapy is doing its job overnight. But this is squarely a doctor's number to interpret — what's good for you, and what to do if it's higher than expected, depends on your situation, not a chart in an app.

WATCH OUT

Please don't diagnose yourself from this number or change anything on your own. It's normal for it to bounce around night to night. If it worries you, that's a reason to call your doctor, not to lose sleep.

THE LEAK

11. What Mask Leak Means

The number you can actually act on.

The third common number is mask leak — how much air is escaping around the edges of your mask instead of going where it should. A little leak is normal and by design. A lot of leak can mean the mask doesn't fit well or has shifted during the night.

This is the friendliest of the three numbers, because it's one you can often improve yourself. A high leak number is usually a fit problem, and fit problems have fixes — a different size cushion, a small strap adjustment, or a different style of mask.

WATCH OUT

If your leak number is high, don't yank the straps tight — that often makes it worse. Call the supplier; getting a mask refit is part of what they're there for.

THE SMILEY

12. The Daily Score in myAir

A friendly dashboard, not a report card.

ResMed's myAir app rolls your night into a simple daily score out of 100, built from things like how long you used it and how well the mask sealed. Philips' DreamMapper shows similar information in its own layout. Either way, it's meant to be encouraging, not to grade you.

It's fine to enjoy a good score, but don't let a low one ruin your morning. A single rough night — a cold, a late dinner, a mask that slipped — isn't a failure. The pattern over weeks is what tells the real story.

GOOD TO KNOW

The score is a convenience the app makes up to be friendly. Medicare looks at actual usage hours, not at your app's daily score.

TRENDS

13. Nights Bounce — Watch the Pattern

One bad night is just one night.

The most useful habit with CPAP data is to read the trend, not the single night. Your numbers will naturally jump around — a stuffy nose, a glass of wine, sleeping on your back, a restless night — and any one of those can nudge the numbers for a day without meaning a thing.

- Look at the week or the month, not just last night.
- A steady, decent run matters more than one perfect night.
- If the trend drifts the wrong way and stays there, that's worth a call to your doctor or supplier.

TIP

Glance at the app once a week, not every morning. Checking too often just invites worry over numbers that were always going to wiggle.

STRUGGLING

14. If the Early Weeks Are Rough

The most important page here, so read it twice.

Here's the thing I most want you to take away. The first weeks with a CPAP can genuinely be hard — the mask feels strange, the air feels like a lot, sleep is broken. When that happens, a lot of people quietly stop using it and say nothing. That's the one response that doesn't help.

Almost everything that makes CPAP uncomfortable early on has an adjustment or a fix, and the people who gave you the machine would far rather hear from you than watch your usage fade. Struggling isn't failing. It's information — and it's exactly what the doctor and supplier are there to work on.

WATCH OUT

Don't change your pressure settings yourself to try to feel better. That's set by your doctor for a reason. Call them about comfort instead — they have real tools for it.

THE MASK

15. When the Trouble Is the Mask

The most common fixable complaint.

More often than not, early misery comes down to the mask. A mask that's the wrong size, the wrong style, or just not adjusted right can leak, dig in, or feel claustrophobic — and that shows up both in how you feel and in your leak number.

- Masks come in several sizes and a few styles — over the nose, under the nose, or full-face.
- A refit or a different style is a normal request, not a complaint.
- The supplier can often swap or resize a mask, especially early on.

TIP

If you feel like you're fighting the mask, say exactly what bothers you — it leaks, it presses your nose, it feels smothering. The more specific you are, the faster they can match you to a better fit.

THE AIR

16. When the Pressure Feels Like Too Much

Comfort features your doctor can turn on.

A common early complaint is that the air feels too strong, especially when you're first lying down and still awake. The good news is that machines have comfort features built for exactly this — but they're set by your doctor or supplier, not guessed at by you.

- A 'ramp' feature can start the air gently and build up as you fall asleep.
- Some machines ease the pressure a touch each time you breathe out.
- A heated humidifier can stop the air from feeling dry or cold.

GOOD TO KNOW

You don't have to suffer through 'that's just how it feels.' Tell your doctor or supplier it's uncomfortable, and ask what comfort settings they can adjust for you.

THE SUPPLIER

17. Who Your DME Supplier Is

Your first call for anything about the gear.

The company that delivered your machine — the DME supplier — is a key player you'll deal with more than the doctor for day-to-day things. They supply the machine and masks, they see your usage data, they bill Medicare, and they handle swaps and replacements.

It helps to think of them as the technology-and-equipment desk and your doctor as the health side. Mask too big? Call the supplier. Feeling exhausted despite good usage? That's a doctor question. Both are on your team.

TIP

Write the supplier's phone number somewhere you'll find it — tape it to the machine. When a part breaks or a number looks off, that's who you want.

SUPPLIES

18. The Replacement-Supply Schedule

Parts wear out, and Medicare expects refreshing.

CPAP parts aren't forever. Cushions, masks, tubing, and filters wear out, lose their seal, or just get grubby, and Medicare allows for replacing them on a regular schedule. The exact timing varies by part, but the idea is a steady refresh so your therapy keeps working well.

- Soft mask cushions, which touch your skin, get replaced most often.
- The mask frame, tubing, and filters are replaced less frequently.
- Water chambers for the humidifier are refreshed on their own schedule.

GOOD TO KNOW

Ask your supplier for their replacement schedule in writing. A fresh cushion makes a real difference to leak and comfort, so it's worth keeping up with.

REORDER

19. How Resupply Reaches Out

They'll often contact you — here's the catch.

Because supplies are on a schedule, many suppliers run a 'resupply' program that contacts you when you're due for fresh parts — a text, an email, or a call asking if your mask is leaking or your supplies are worn. Answer honestly; it's a normal, helpful part of the service.

- Legitimate resupply comes from the supplier you already know.
- They'll usually confirm what you need before shipping it.
- You can say no to parts you don't actually need yet.

WATCH OUT

If a company you've never dealt with calls out of the blue offering 'free' CPAP supplies and asks for your Medicare number, hang up. That's a known scam. Real supplies come through your own supplier.

PRIVACY

20. Who Can See Your CPAP Data

It goes to your care team, not to marketers.

It's fair to wonder where all these numbers end up. Your usage data flows to the supplier and the doctor who ordered the machine, and into your protected medical record, under the same privacy laws that cover the rest of your health information. It isn't a billboard.

- Your supplier and ordering doctor can see your usage; it's part of your care.
- Medicare sees enough to confirm coverage is justified.
- You can ask who, specifically, has access and read the privacy notice, same as any record.

GOOD TO KNOW

The modem reports how much you use the machine and a few breathing measurements — not sound from the room and not your location. It's sleep data, nothing more.

CHECK YOURSELF

21. How to Check Your Own Compliance

You don't have to wonder how you're doing.

You can keep an eye on the compliance picture yourself, which beats waiting anxiously for someone to tell you. The app shows your nightly hours and how many nights you've hit four hours or more, which is the heart of the rule.

- 1 Open myAir or DreamMapper and look at the last 30 days.
- 2 Count how many of those nights show four hours or more.
- 3 If it's around 21 or more out of 30, you're in good shape on usage.
- 4 If you're short, call the supplier now — there's still time inside the 90-day window to turn it around.

GOOD TO KNOW

No app handy? Just call your supplier and ask, 'Am I meeting my usage requirement?' They can see it on their end and will tell you plainly.

IF IT LAPSES

22. If Coverage Falls Through

It isn't the end of the road.

Say the worst happens and you don't meet the usage rule in time — maybe you were sick, or the mask was wrong and nobody fixed it. Coverage for the machine can stop. That's discouraging, but it's not permanent, and it's not a black mark against you.

Usually the path back is to work with your doctor on what went wrong, sometimes repeat a sleep evaluation, and start a fresh trial once the real problem — often comfort or fit — is sorted out. The lesson is simply to speak up early rather than let the clock run out quietly.

GOOD TO KNOW

If this happens, it almost always traces back to a fixable comfort problem, not to you doing anything wrong. Ask the doctor what it takes to restart.

THE RESEARCH

23. A Word on the 90-Day Rule Itself

Experts are questioning it — but it still stands.

You may run across news that the 90-day rule is under debate. In 2026, researchers looking at a very large group of patients found that many people who missed the early target were still using their CPAP a year later — which raises the question of whether the early cutoff is too strict.

That's worth knowing as context, but take it gently: it's early research, not a change in the rules. For now the compliance rule is exactly what this guide describes, so keep meeting it. If the rules ever change, your supplier and Medicare.gov will have the current word.

WATCH OUT

Don't let a hopeful headline talk you into easing off. Until the official rule actually changes, the usage target is still what keeps your coverage.

NO SIGNAL

24. If the Machine Can't Phone Home

A quiet modem is a nuisance, not a crisis.

Once in a while the modem can't find a cellular signal — a basement bedroom, a dead zone, a bad night for the network. The machine keeps recording your use; it just can't send it for a bit. When it reconnects, it usually catches up and uploads the stored nights.

- Keep the machine plugged in so it has chances to send.
- If it's a weak-signal spot, ask the supplier whether a Wi-Fi option or a data card is available.
- A few days of 'not sending' doesn't erase your use — the machine remembers it.

GOOD TO KNOW

A connection hiccup is a technology problem, not a health one. Your therapy still worked overnight even if the report was late.

THE PLANS

25. Medicare Advantage and Other Coverage

The rules can differ from Original Medicare.

Everything here describes how Original Medicare generally handles CPAP. If you have a Medicare Advantage plan, the benefit is usually there too, but the plan sets its own rules, its own approved suppliers, and its own costs. The compliance idea is similar, but the fine print may not be identical.

- 1 Find the member-services number on the back of your plan card.
- 2 Ask whether CPAP and its supplies are covered and what you'd pay.
- 3 Ask whether you must use a supplier in the plan's network.
- 4 Write down who you spoke with and when.

TIP

If a bill later looks wrong, that note of who-told-you-what is worth its weight in gold. A quick call up front saves a headache later.

QUESTIONS

26. Common Worries, Answered

The things people actually ask me.

"Is my machine spying on me?" No. It records how long you use it and a few breathing measurements, and sends those to your care team. No microphone, no camera, no location.

"What if I can't sleep four hours with it yet?" Tell your supplier now, inside the window. Comfort and fit fixes are the whole reason they exist.

"Do I have to use the app?" No. It's handy, but the machine reports on its own either way. The app just lets you see what's already being sent.

"Can I nap with it to add hours?" Use it when you sleep, naps included. But the goal is real, restful sleep — ask your doctor, not me, about what counts for you.

FOR THE HELPER

27. A Note for the Family Helper

If you're helping a parent with their CPAP.

If you're the adult child or spouse making this work, a few things help most. The machine and its data belong to the patient, so the account and decisions flow through them, but you can be the steady hand that watches the app and keeps an eye on the 90-day clock.

- Help set up the myAir or DreamMapper app and check it weekly.
- Watch the calendar for the follow-up visit so it doesn't slip.
- If usage is dropping, treat it as a comfort problem to solve together — not a scolding.

GOOD TO KNOW

The kindest setup is one your parent can manage on a normal night, with you as backup. If a mask is the sticking point, a call to the supplier for a refit often fixes more than any pep talk.

MYTHS

28. A Few Myths, Cleared Up

What the data rule is — and isn't.

"If I miss a night, I'm in trouble." You're not. The rule is about most nights over a month, not a perfect streak.

"The machine is listening to my bedroom." It isn't. It reports usage and breathing measurements, not sound.

"Once I own it, I'm being watched forever." The close watch is heaviest early, around coverage. The reporting may continue, but the pressure of the compliance window is an early-months thing.

"A low app score means I failed." No. The score is a friendly made-up number. Your doctor and your usage hours are what actually matter.

A DAY

29. A Night in the Life

What all this adds up to, really.

Strip away the rules and here's what it looks like. You go to bed, put on your mask, and fall asleep. The machine hums quietly and keeps the air flowing. While you sleep, a chip inside counts your hours and notes a few measurements. That's the whole of your part — you slept.

In the morning, before you've had coffee, the modem has already sent last night off to your supplier, and if you open the app you can see it too. Once a week you glance at the trend. Once, early on, you see the doctor. The rest of the time it just works in the background while you get on with your life.

GOOD TO KNOW

The aim isn't to make you fuss over numbers. It's the opposite — to let the machine and your care team keep track so you can simply sleep.

FIRST 90

30. What the First 90 Days Feel Like

A gentle on-ramp, not a sprint.

The early stretch is where the habit forms. The first few nights feel strange, the next couple of weeks you find your rhythm, and by the end of the window it's just part of going to bed. Give yourself grace while it's new — almost everyone finds it odd at first.

- First nights: expect it to feel unfamiliar; wear it as long as you comfortably can.
- First couple of weeks: speak up fast about any discomfort while there's time to fix it.
- By the end of 90 days: you've met the usage target, seen the doctor, and it's routine.

TIP

If week one feels clumsy, that's normal and temporary — and it's a fine time for a visit from me to get the app and the routine set up together.

MEANING

31. What the Numbers Mean — and Don't

Context beats any single reading.

It's natural to react to a number, especially one that looks off. But any single night is shaped by a cold, a late meal, a glass of wine, or sleeping on your back. Your care team reads the pattern across many nights, which tells a far truer story than one evening ever could.

So I gently steer people away from staring at the app and worrying. Wear the mask, let it report, and let the people trained to read these numbers do the interpreting. If a number genuinely alarms you, that's a reason to call — not to lie awake.

WATCH OUT

I can tell you where a number lives and what it's called. I can't tell you what it means for your sleep or your health, and I'd never try. That's your doctor's job, and they have the whole picture.

THE TALK

32. Talking With Your Doctor About the Data

Come to the visit ready to use it.

One quiet benefit of all this data is that your follow-up visit starts from real information instead of a guess. You can walk in knowing your usage has been steady, or point to the week things got harder and ask why.

- Ask: "What is my usage showing you?"
- Ask whether your events-per-hour number looks where it should be.
- Bring up any discomfort — dry mouth, a leaky mask, broken sleep — so it can be fixed. This turns a short appointment into a focused one. You and your doctor spend the time on what to adjust, not on reconstructing the last three months from memory.

YOUR RIGHTS

33. Your Say in All of This

You're a person, not a usage percentage.

It's worth remembering that this is your therapy and your choice. You can ask to see your own data, ask why a setting is what it is, ask for a different mask, and raise any concern about cost or comfort. None of that is making trouble — it's being an active part of your own care.

- You can ask for your own usage records; they're part of your chart.
- You can ask the supplier to explain any charge before you pay it.
- You can ask your doctor to revisit the plan if CPAP truly isn't working for you.

TIP

If anything about the equipment, the data, or a bill feels unclear, slow down and ask. If you'd like a second set of ears when they explain it, that's something I'm glad to help with.

SAFETY

34. When to Call the Doctor — or 911

The data is a helper, not a lifeguard.

This matters, so I'll say it plainly. Your CPAP and its app are not an emergency system, and nobody is watching your numbers minute to minute overnight. The reporting is for coverage and for your routine care, not for rescue.

WATCH OUT

If you wake gasping and can't catch your breath, have chest pain, or feel that something is very wrong, don't check an app — call 911. For ongoing problems like exhaustion despite good use, or a machine that seems broken, call your doctor or supplier. Never assume someone will see your data and reach out in the moment.

YOU'RE NOT ALONE

35. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made your CPAP data and coverage feel a little less daunting and a lot more doable. Keep it in a drawer with your other home papers, come back to a page whenever you need it, and don't worry about memorizing anything. Nobody expects you to.

When you'd rather have a hand, that's exactly what I do. I come to your home, work at your pace, and never make you feel rushed or silly for asking. A first visit is a flat ninety-nine dollars, and for the parts that don't need me on-site I can often help right on your screen for less. Every visit comes with a 30-day, come-back-free guarantee.

I'm a patient tech helper — not a doctor, nurse, or your insurance company — so I stick to the technology: the apps, the logins, the cameras, the gadgets and getting them talking to each other. Anything about your health, your medicines, or what a number means, I'll always point you back to your doctor or nurse.

GOOD TO KNOW

When you call, I answer — or Sophie, my friendly AI helper, takes a message so nothing gets lost. Sophie isn't a runaround; she's just making sure I call you back.

TIP

Call or text me at (330) 200-8042, or visit BillsHomeTech.com. Serving Atwater and all of Portage County, with 30+ years of patient, plain-English tech help. If you're ever not 100% happy with a visit, I'll make it right or refund it. That's a promise. — Bill

CHEAT SHEET

Everyday Cheat Sheet

Keep this near your CPAP machine.

- Medicare wants about 4 hours a night on 70% of nights (roughly 21 of 30) in your first 90 days — plus a follow-up visit.
- The machine's modem reports your usage on its own; you don't mail anything in.
- See your own numbers in the free myAir (ResMed) or DreamMapper (Philips) app.
- Watch the trend over weeks, not one night — numbers always wiggle.
- Struggling early? Call your doctor or supplier about mask fit and comfort. Don't quietly quit, and don't change your pressure yourself.
- Nobody legitimate cold-calls offering 'free' CPAP supplies for your Medicare number. Hang up.
- Waking up gasping, chest pain, or something very wrong? Call 911 — not the app.

AT A GLANCE

A Picture to Follow Along

How Your CPAP Reports Itself

From your nightstand to your records — no typing needed.

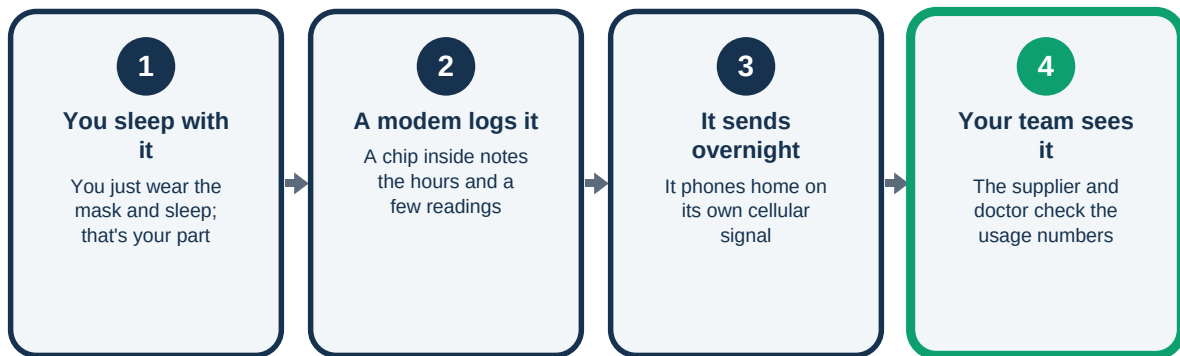


Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

The Three Numbers You'll See

Your doctor says what's good for you — this is just what they are.

	What it shows	Who reads it
Usage hours	How long you wore it	Medicare and doctor
Events per hour	Pauses the machine counts	Your doctor
Mask leak	Air escaping the mask	You and the supplier

Illustration - a schematic, not to scale. Your setup may differ.

BEFORE YOU GO

A Note From Bill

A quick note from Bill. I write these guides to make home tech a little less frustrating, and I do my best to keep every step accurate and up to date. Still, every home, device, and setup is a bit different, so I can't promise a guide will match yours exactly or fix your particular problem. These guides are for general information only — they're not professional, legal, or financial advice, and they don't replace your device's own manual or the manufacturer's instructions. Please go slow, use your own good judgment, and use everything here at your own risk. If a step involves electrical wiring, a gas appliance, a water heater, plumbing, or climbing a ladder — or if anything just doesn't feel safe — please stop and call a licensed professional (or give me a call at 330-200-8042). Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results.



HOW I CAN HELP

Your Visit — and My Promise

In-home visit — \$99 flat for your first visit. No contracts and no surprise charges, and a 30-day follow-up is included.

Remote Support — \$49 for a screen-share session. I only connect with your permission, you watch the whole time, and you can end anytime. If I can't fix it over the screen-share, I refund the \$49 — and if it turns out you need me in person, that \$49 goes toward your visit. It's included free for Support Plan members (\$39/mo).

GOOD TO KNOW

My promise — If you're not 100% satisfied with your visit, I'll come back at no charge, or refund the full \$99. No questions, no awkwardness. That's how I'd want to be treated.

Call or text **(330) 200-8042** · Book a visit: billshometech.com/book · bill@billshometech.com

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