



VETERAN AFFAIRS MANUAL

WELCOME TO THE NEXT PHASE!

We're excited to support you as you begin this next level of your journey with us. As a key part of our mission to serve those who have served, you're now stepping into a more advanced role in helping veterans access the care they've earned. This guide walks you through the veteran referral process—step by step—to ensure every veteran you connect with receives the support, resources, and treatment they deserve. Your involvement plays a powerful role in making a difference in the lives of those who've sacrificed so much.

Important

Before getting started, please take a moment to familiarize yourself with the following terms and acronyms. Understanding these will give you better clarity and confidence as you move through the VA patient process.

- NPI: National Provider Identifier
- SEOC: Standard Episode of Care
- CCN: Community Care Network
- HST: Home Sleep Test
- PCP: Primary Care Physician
- RFS: Request For Service

VA TEAM CONTACT PAGE

VA TEAM

Acts as the central support system between veterans, practices, and VA contacts—coordinating referrals, verifying eligibility and benefits, managing communication, and guiding each case from start to finish.

Manager of Veteran Affairs

Leanne Burkhouse

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Sleep Advisor

Karlee Scholtes

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Main Office: 877-933-9470

For additional support or questions unrelated to the VA, please get in touch with your dedicated apZme regional manager at (954)606-6960.

Dr. Tom Gotsis is a Boarded Diplomate of the American Academy of Dental Sleep Medicine and the American Sleep and Breathing Academy. He has also served as president of the Missouri Sleep Society and currently practices at the Midwest Dental Sleep Medicine Institute in Bridgeton, Missouri.

As Dental Clinic Director at apZme, Dr. Gotsis brings over three decades of clinical expertise and leadership in Dental Sleep Medicine. A proud U.S. Army veteran and retired Army Colonel, he is passionate about improving access to quality care for fellow veterans through effective, non-invasive treatment for sleep apnea. In his role, Dr. Gotsis provides strategic insight and one-on-one coaching to apZme-affiliated dental practices across the country. He equips providers with the tools and knowledge needed to successfully treat veterans through the VA Community Care Network, helping practices deliver impactful results for their patients and their business.

At apZme, Dr. Gotsis leads with a mission: to ensure veterans have access to customized, non-invasive sleep solutions that improve their health, quality of life, and long-term wellness. His background in military healthcare and deep understanding of VA protocols make him an invaluable resource for both providers and patients.

In addition to supporting practice success, Dr. Gotsis actively coaches dental teams on best practices, workflow optimization, and patient communication—all through the lens of delivering consistent, high-quality care to veterans.



CONTACT INFORMATION

Dr. Tom Gotsis, DDS

Email: dentaldirector@sleepimpressions.com

MONTHLY SUPPORT MEETINGS

VA ROLEPLAYING WITH DR. TOM GOTSIS

As part of the apZme Sleep Success Forum, **one Thursday a month**, Dr. Tom Gotsis will lead a focused 1-hour Zoom session dedicated to reviewing the VA manual, offering expert guidance, and roleplaying real-life VA patient scenarios. These sessions are designed to deepen your understanding, boost your confidence, and prepare you to navigate the VA referral process with clarity and precision.



Once a Month



Thursday



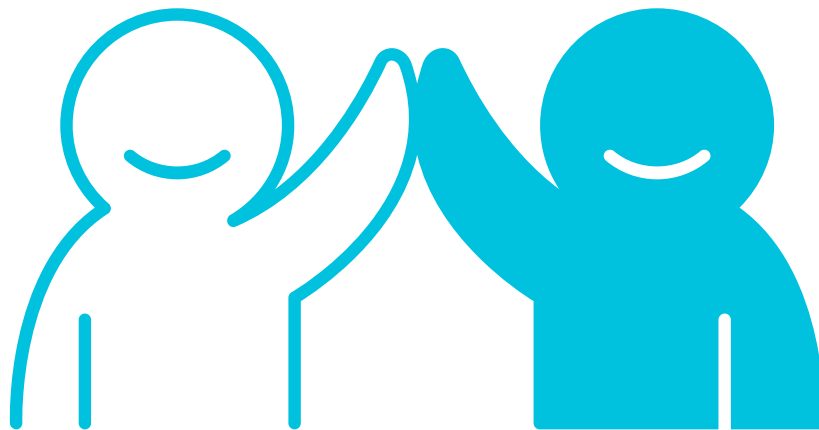
2 pm EST



Zoom

Look out for a weekly e-newsletter containing dates and the Zoom registration link.

For more information, reach out to your Regional Manager.



Stay updated!

Join our social groups: apZme Sleep Success Forum



Facebook

Understanding the VA System

- There are two CCN administrators:**

-
- The map displays the following regions and territories:
- Region 1 (Orange):** ME, VT, NH, MA, CT, RI, NJ, PA, NY, DE, MD, VA, NC, SC, GA, FL, HI.
 - Region 2 (Blue):** ME, VT, NH, MA, CT, RI, NJ, PA, NY, DE, MD, VA, NC, SC, GA, FL, HI.
 - Region 3 (Green):** ME, VT, NH, MA, CT, RI, NJ, PA, NY, DE, MD, VA, NC, SC, GA, FL, HI.
 - Region 4 (Light Orange):** WA, OR, ID, MT, WY, UT, CO, NM, AZ, NV, CA, AK.
 - Region 5 (Yellow):** AK.
 - Territories:** Northern Mariana Islands, Guam, American Samoa, Puerto Rico (U.S.), Virgin Islands (U.S.).

VA PATIENT SLEEP CARE JOURNEY



Veteran Affairs 6



www.apzme.com
www.sleepgs.com
www.millenniumsleeplab.com
www.sleepimpressions.com

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IDENTIFYING AND PREPARING VA PATIENTS FOR TREATMENT

INITIAL STEPS

- Credentialing is to be completed before accepting VA patients.
- Identify a veteran in your practice who needs an oral appliance to assist with the coordination process in the local VA.
- Enter the patient into Sleep Impressions, but do not “Open” a referral.
- Enter information about the patient and any VA contact information into the contact log.

What to do when you identify VA patient?

1. Is the veteran established with their local VA Hospital?
 - a. If not established, the veteran can call the main phone line of the local VA Hospital and choose the prompt for “Eligibility”.
 - b. If established, the veteran can schedule an appointment with their Primary Care Physician (PCP) or any other physician they currently see through the VA.
2. Does the veteran have a sleep study with an Obstructive Sleep Apnea (OSA) diagnosis within the past 5 years?
 - a. If not, the veteran will speak with their physician and request an in-home sleep study for diagnosis.
 - b. If yes, the veteran will speak with their physician and request an oral appliance/mandibular repositioning device.

REFERRAL INFORMATION

OPTUM REFERRAL INFORMATION

1. Sleep Study referral sent to:

Millennium Sleep Lab
NPI- 1316226897
SEOC-1.1.12
Category of Care- SLEEP MEDICINE

2. Oral Appliance/Mandibular Repositioning Device sent to:

Sleep Impressions
NPI- 1134547912
SEOC 1.3.4
Category of Care- SLEEP MEDICINE

TRIWEST REFERRAL INFORMATION

1. Sleep Study referral sent to:

Millennium Sleep Lab
NPI- 1316226897
SEOC- 1.1.12
Category of Care- SLEEP MEDICINE

2. Oral Appliance/Mandibular Repositioning Device sent to:

Millennium Sleep Lab
NPI- 1316226897
SEOC 1.3.4

WHAT DOES THE SEOC COVER?

Sleep Medicine_REV_PRCT SEOC 1.1.12 Duration: 180 Days

Description: This authorization covers services associated with the specialty(s) identified for this episode of care, including all medical care listed below relevant to the referred care specified on the consult/referral order.

1. Outpatient evaluation, treatment, and follow-up visits for the referred condition on the consultation/referral order.
2. Diagnostic studies relevant to the referred condition on the consult/referral order.
3. Labs and pathology relevant to the referred condition on the consult/referral order
4. Up to (3) sleep studies/tests.
5. Pre-procedure medical and basic cardiac clearance, as indicated (including H+P/labs, EKG, CXR, echo) **NOTE:** cardiac testing or evaluation outside of the above CXR, EKG, and echo will require an RFS for a cardiology referral.
6. Sleep procedures performed by the sleep medicine provider relevant to the referred condition on the consult/referral order, including but not limited to: hypoglossal nerve neurostimulator and programming.

Oral Appliance or Mandibular Repositioning Device_PRCT SEOC 1.3.4

One oral evaluation or re-evaluation for an oral appliance or mandibular repositioning device as prescribed for obstructive sleep apnea, as indicated on the consult/referral order.

Fabrication of 1 oral appliance or mandibular repositioning device as prescribed for the diagnosis of obstructive sleep apnea. The only allowed codes on the Standardized Episode of Care (SEOC) for the fabrication and fitting of the device include the following items: materials, professional services, radiology and laboratory costs incurred in fabricating and fitting the device, as well as adjustments and professional services required during the 90-days following the initial placement of the device, to assure appropriate fit.

WHAT HAPPENS WHEN YOU GET A REFERRAL?

The VA Sleep Advisor will notify your office when a VA patient is marked as “Ready to Schedule” in the Referrals section of Sleep Impressions’ software.

- **Check your Referrals list daily.**
- **Expedite scheduling:** Veterans must be seen within 28 days. Prompt scheduling helps meet the VA’s timeliness goals and may strengthen your clinic’s reputation within the referral network.
- **Notify our VA staff of the appointment date and time.** This information must be relayed to the VA. Once scheduled, the VA authorization will be extended to 90 days from the date of the first appointment.
- **Complete and sign the consult and delivery notes promptly.** The VA often requests records on the day of the scheduled appointment. Timely documentation helps maintain efficiency and satisfaction within the VA system.
- **Always verify the VA authorization expiration date before scheduling the next appointment.** This information can be found under the “Insurance” tab, where the authorization number, start date, and expiration date are listed.

REQUEST FOR SERVICE

A Request for Service (RFS) is a VA form that can be completed by referencing a previous VA authorization to request a new service.

- For example, if the veteran had a sleep study completed through Millennium Sleep Lab, we can submit the RFS using the sleep study's VA authorization number to request an oral appliance (mandibular repositioning device).
- If your patient needs additional services after the initial 90-day period, an RFS can be submitted to request more visits. This also applies if they lose their device or need a replacement.
- If your patient needs a home sleep study for efficacy testing, let us know. The apZme VA team will complete the RFS and upload the results into Sleep Impressions for your office to access.

Find a blank copy of the Request for Services (RFS) Form on the next page.



PREVIOUS AUTHORIZATION NUMBER:

TODAY'S DATE (MM/DD/YYYY):

NOTE: The Request for Services (RFS) Form 10-10172 must be submitted via an approved method (HSRM, Electronic Fax, Direct Messaging, Traditional Fax, or Mail) to your local VA community care office. Completion of this form is REQUIRED and MUST BE SIGNED by the requesting provider for further care to be rendered to a Veteran patient.

SECTION I: VETERAN INFORMATION

1. VETERAN'S LEGAL FULL NAME (First, MI, Last):

2. DOB (MM/DD/YYYY):

3. VA FACILITY:

4. VA LOCATION:

SECTION II: ORDERING PROVIDER INFORMATION

5. REQUESTING PROVIDER'S NAME:

6. NPI #:

7. SPECIALTY:

8. OFFICE NAME & ADDRESS:

9. SECURE EMAIL ADDRESS:

10. PHONE NUMBER:

11. FAX NUMBER:

☐ 12. INDIAN HEALTH SERVICES (IHS) PROVIDER?

SECTION III: TYPE OF CARE REQUEST

13. PLEASE INDICATE CLINICAL URGENCY (Urgent care is only applicable for requests that require less than 3 days to process. If care is needed within 48 hours or if Veteran is at risk for Suicide/Homicide, please call the VA directly on the same day as completed RFS form submission. Do NOT mark urgent for administrative urgency):

☐ ROUTINE ☐ URGENT

14. DIAGNOSIS (ICD-10 Code/Description):

15. DATE OF SERVICE (MM/DD/YYYY) &/OR
ANTICIPATED LENGTH OF CARE:

16. CPT/HCPCS CODE &/OR DESCRIPTION OF REQUESTED SERVICES (Include units/visits, add second list page, if needed):

17. HOW MANY VISITS HAVE OCCURRED SO FAR? (If known)

18. IS THIS A REFERRAL TO ANOTHER SPECIALTY?

☐ YES (If "YES," please fill out the Servicing Provider/Specialty information below) ☐ NO

19. SERVICING PROVIDER'S NAME:

20. NPI #:

21. SPECIALTY:

22. OFFICE NAME & ADDRESS:

23. SECURE EMAIL ADDRESS:

24. PHONE NUMBER:

25. FAX NUMBER:

SECTION IV: TYPE OF SERVICE REQUESTED

26. OUTPATIENT CARE: ☐ PT ☐ OT ☐ SPEECH THERAPY27. SURGICAL PROCEDURE: ☐ INPATIENT ☐ OUTPATIENT

FREQUENCY & DURATION:

FACILITY NAME:

28. ☐ IN-OFFICE PROCEDURE29. INPATIENT CARE: ☐ LTACH ☐ ACUTE REHAB ☐ BH30. ☐ ADDITIONAL OFFICE VISITS (List # needed):31. ☐ EXTENSION OF VALIDITY DATES32. ☐ EMERGENCY ROOM CARE33. ☐ LABS (If done outside of office, please provide facility name above in box #27)34. ☐ RADIOLOGY/IMAGING (If done outside of office, please provide facility name above in box #27)35. ☐ PRE-OP LABS ☐ CHEST XRAY ☐ EKG
☐ OTHER:

36. JUSTIFICATION FOR REQUEST (To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &/or medications to support the medical necessity of services requested).

VETERAN'S LEGAL FULL NAME (First, MI, Last):

SECTION V: GERIATRICS AND EXTENDED CARE SERVICES (If applicable)

37. ☐ COMMUNITY ADULT DAY HEALTH CARE ☐ COMMUNITY NURSING HOME ☐ HOMEMAKER/HOME HEALTH AIDE
☐ HOME INFUSION ☐ HOSPICE/PALLIATIVE CARE ☐ RESPITE
☐ SKILLED HOME HEALTH CARE ☐ OTHER: _____

FREQUENCY & DURATION: _____

38. JUSTIFICATION FOR REQUEST (To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &/or medications to support the medical necessity of services requested).

SECTION VI: HOME OXYGEN INFORMATION (If applicable)

39. PAO2 AT REST: 40. O2 SAT AT REST: 41. OXYGEN FLOW RATE:

42. EXTENT OF SUPPORT (Continuous, Intermittent, Specific Activity):

43. OXYGEN EQUIPMENT (Stationary/Portable):

44. DELIVERY SYSTEM (Cannula, Mask, Other):

SECTION VII: DME & PROSTHETICS INFORMATION (If applicable)

45. HCPCS CODE(S) FOR ITEM(S) BEING PRESCRIBED:

46. BRAND, MAKE, MODEL, PART NUMBERS:

47. MEASUREMENTS:

48. QUANTITY: 49. ICD-10: 50. PROVISIONAL DIAGNOSIS:

51. DELIVERY/PICKUP OPTIONS:

- ☐ DELIVER TO ORDERING PROVIDER'S ADDRESS ☐ VETERAN WILL PICKUP AT THE VA MEDICAL CENTER
☐ DELIVER TO COMMUNITY VENDOR FOR DELIVERY & SETUP FOR DME ☐ DELIVER TO VETERAN'S HOME

SECTION VIII: DURABLE MEDICAL EQUIPMENT (DME) EDUCATION & TRAINING (If applicable)

Please see [DME/Pharmacy Requirements—Information for Providers - Community Care \(va.gov\)](#) for URGENT DME requests.

NOTE: Failure to thoroughly complete the RFS for DME will result in delayed patient care & prevent the VA from DME fulfillment.

52. BEFORE DME WILL BE ISSUED, EDUCATION, TRAINING, &/OR FITTING OF DME (as applicable for the specific DME being ordered) TO THE VETERAN MUST BE COMPLETE. PLEASE INDICATE WHETHER THE FOLLOWING HAS BEEN COMPLETED FOR THE VETERAN.

NOTE: If not completed, DME will be mailed to requesting provider's address to coordinate an alternative time for proper instruction on DME use.

A. EDUCATION: ☐ YES ☐ NO

B. TRAINING: ☐ YES ☐ NO ☐ N/A

C. FITTING: ☐ YES ☐ NO ☐ N/A

53. JUSTIFICATION FOR REQUEST (To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &/or medications to support the medical necessity of services requested).

VETERAN'S LEGAL FULL NAME (First, MI, Last):	
SECTION IX: THERAPEUTIC FOOTWEAR ASSESSMENT INFORMATION (If applicable)	
54. FILL OUT THE INFORMATION BELOW (If applicable): <input type="checkbox"/> LEFT FOOT <input type="checkbox"/> RIGHT FOOT <input type="checkbox"/> BILATERAL <input type="checkbox"/> PREFABRICATED THERAPEUTIC FOOTWEAR <input type="checkbox"/> CUSTOM THERAPEUTIC FOOTWEAR	NOTE:For prescription of therapeutic footwear due to disease pathology resulting in neuropathy or peripheral artery disease. 55. CHECK APPROPRIATE DIABETIC/AMPUTATION RISK SCORE: <input type="checkbox"/> RISK SCORE 2: PATIENT DEMONSTRATED SENSORY LOSS (inability to perceive the Semmes-Weinstein 5.07 monofilament), DIMINISHED CIRCULATION AS EVIDENCED BY ABSENT OR WEAKLY PALPABLE PULSES, FOOT DEFORMITY, OR MINOR FOOT INFECTION, & A DIAGNOSIS OF DIABETES. <input type="checkbox"/> RISK SCORE 3: PATIENT DEMONSTRATED PERIPHERAL NEUROPATHYWITH SENSORY LOSS (i.e., inability to perceive the Semmes-Weinstein 5.07 monofilament), AND DIMINISHED CIRCULATION, AND FOOT DEFORMITY, OR MINOR FOOT INFECTION & A DIAGNOSIS OF DIABETES, OR ANY OF THE FOLLOWING BY ITSELF: (1) PRIOR ULCER, OSTEOMYELITIS OR HISTORY OF PRIOR AMPUTATION; (2) SEVERE PERIPHERAL VASCULAR DISEASE (PVD) (intermittent claudication, dependent rubor with pallor on elevation, or critical limb ischemia manifested by rest pain, ulceration or gangrene); (3) CHARCOT'S JOINT DISEASE WITH FOOT DEFORMITY; & (4) END STAGE RENAL DISEASE. NOTE:Only patients who are experiencing medical conditions noted in the risk scores can be prescribed therapeutic/diabetic footwear.
NOTE:For prescription of therapeutic footwear for severe or gross foot deformity which cannot be accommodated with conventional footwear. DESCRIBE FOOT DEFORMITY AND ADDITIONAL DETAILS:	
*ATTESTATION:I do hereby attest that the forgoing information is true, accurate, & complete to the best of my knowledge & I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. I do hereby acknowledge that VA reserves the right to perform the requested service(s) if the following criteria are met: (1) The patient agrees to receive services from VA (2) Service(s) are available at VA facility & are able to be provided by the clinically indicated date (3) It is determined to be within the patient's best interest. Upon completion of the requested service(s), VA will provide all resulting medical documentation to the ordering provider. If all criteria listed are not true & VA agrees the service(s) are clinically indicated, VA will provide a referral for services to be performed in the community. I do hereby attest that upon receipt of order/consult results, I will assume responsibility for reviewing said results, addressing significant findings, & providing continued care.	
56. REQUESTING PROVIDER SIGNATURE (Required):	57. TODAY'S DATE (MM/DD/YYYY):

To facilitate timely review of this request, the most recent office notes & plan of care must accompany this signed form.

For more information please visit: <https://www.va.gov/COMMUNITYCARE/providers/Care-Coordination.asp>.

For additional contact information, please visit: <https://www.va.gov/COMMUNITYCARE/providers/Care-Coordination-Facilities.asp>.

Additional Resource: Clinical Determinations and Indications

VA Clinical Determinations and Indications (medical policies) describe standard VA health care benefits for services and procedures that community providers may recommend as necessary for a Veteran. Prior to providing care, providers should use Clinical Determinations and Indications (CDIs) as a reference when determining if a Veteran meets VA clinical criteria. When additional services are requested, Clinical Determinations and Indications will be used to determine approval by a clinical reviewer.

Clinical Determinations and Indications, as well as supporting information, can be found at:
<https://www.va.gov/COMMUNITYCARE/providers/Medical-Policy.asp>

COMMUNITY CARE REQUIREMENTS TO RECEIVE ORAL APPLIANCE OUTSIDE OF THE VA

There are several reasons a veteran may be approved for community care instead of being treated directly within the VA:

- The VA may not offer the service internally, which will start the community care process as soon as the referral is placed.
- The VA may only offer the service to 100% disabled veterans. If the patient doesn't qualify, they can still receive full coverage through community care. This helps reduce delays within the VA.
- The patient may live too far from a VA facility and choose community care instead. They'll be given options, so it helps if they recognize the names Sleep Impressions and Millennium Sleep Lab.
- If the wait time at the VA is more than 28 days, the patient will be offered community care.
- If your service is arguably better than what's available internally, the patient and your team can bring that to the attention of the VA. Share what makes your care different—Eccovision, for example, is a patented technology with better imaging than standard upright scans.

OPTUM EXAMPLE: VETERAN SERVICE REQUEST

This is an example of what the VA patient would provide to their VA physician. This differs from the Request for Service (RFS) form you'll find on page 12 on the VA Manual.

Oral Appliance Therapy (OAT): A VA-Covered Alternative to CPAP What is it?

Oral Appliance Therapy (OAT) is a custom-made dental device that keeps the airway open by repositioning the jaw during sleep. It's quiet, comfortable, and effective for many patients with obstructive sleep apnea (OSA), especially those who struggle with CPAP.

Ideal for Veterans Who:

- Are diagnosed with OSA (G47.33)
- Are non-compliant or intolerant of CPAP
- Have comorbid PTSD, TBI, or anxiety
- Travel frequently or cannot tolerate bulky equipment

VA Coverage:

- OAT is a covered benefit through VA Community Care when prescribed for a qualifying diagnosis and CPAP intolerance
- Referral Instructions for VA Providers

How to Submit a Referral via Community Care:

Network (CCN): Optum

Practice Name: Sleep Impressions

NPI: 1134547912

SEOC: 1.3.4

Phone: 877-933-9470

Fax: 844-242-9966

Email: veteranaffairs@apzme.com

Diagnosis Code: G47.33 – Obstructive Sleep Apnea (Adult)

CPT Code: E0486 – Oral appliance, custom fabricated

TRIWEST EXAMPLE RFS INFO PAGE

This is an example of what the VA patient would provide to their VA physician. This differs from the Request for Service (RFS) form you'll find on page 12 on the VA Manual.

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- Travel frequently or cannot tolerate bulky equipment

VA Coverage:

- OAT is a covered benefit through VA Community Care when prescribed for a qualifying diagnosis and CPAP intolerance
- Referral Instructions for VA Providers

How to Submit a Referral via Community Care:

Network (CCN): Triwest

Practice Name: Millennium Sleep Lab

NPI: 1316226897

SEOC: 1.3.4

Phone: 877-933-9470

Fax: 844-242-9966

Email: veteranaffairs@apzme.com

Diagnosis Code: G47.33 – Obstructive Sleep Apnea (Adult)

CPT Code: E0486 – Oral appliance, custom fabricated

MARKETING VA SUPPORT PROGRAM

ONCE YOU'RE VA CREDENTIALLED

- **Digital Press Release announcing your DSM partnership with apZme**
 - Shared on major news sites, the apZme website, and across all social media channels
- **Access to a VA-specific Digital Marketing Library:**
 - **Patient-Facing Materials:**
 - Library of patient posters
 - Library of patient trifold
 - Flyer templates (OAT/OSA)
 - Library of social media content
 - Templates for patient email marketing
 - **MD-Facing Materials:**
 - Flyer templates (OAT)
 - Templates for MD referral email marketing

HOW TO ACCESS THE MARKETING CONTENT LIBRARY

To access all digital marketing materials, log in to the client portal you've been given access to and navigate to the Marketing Support section to find all available libraries.

Be sure to add customer care@apzme.com to your contact list so you never miss an update. This ensures you'll receive important announcements and alerts when new materials are added or existing resources are updated.

To order additional printed materials, please visit thesleepmall.com or contact customer care.

Need Additional Assistance?

We are always here to support you!

If you have any additional questions, please contact customer care at 954-606-6960.

TIPS TO HELP YOU MARKET OAT TO VETERANS

Please note: These are optional marketing ideas provided as guidance only. apZme does not implement these strategies on your behalf.

Looking to grow awareness and reach more veterans in your community?

Below are some recommended strategies that other dental practices have found helpful when promoting oral appliance therapy (OAT) for sleep apnea care. These ideas are meant to support your independent outreach efforts.

Need materials?

apZme offers a library of digital content your practice can use to support your marketing efforts. To access, view the marketing content library.

Partner with Veteran-Owned Businesses

Connect with local veteran-owned establishments such as barber shops, tattoo parlors, gun ranges, gyms, and coffee shops. Leave brochures or flyers to build awareness—many veterans actively support fellow vets.

Collaborate with Veteran-Focused Podcasts or YouTube Channels

Reach out to channels or shows that focus on veteran health, PTSD, or military life. These platforms can help you share educational information about OAT with a wider audience.

Get Featured in VA Newsletters or Base Publications

Many VA hospitals and military bases distribute newsletters or host health events. Reach out to submit a short article or participate in local health promotions.

Engage Local VA Staff

Build genuine relationships with referral coordinators or case managers. A simple coffee or lunch drop-off is a great way to ask what tools or materials they need. Be sure to leave a printed Referral Cheat Sheet for easy reference.

ORAL APPLIANCE THERAPY

Sleep Apnea Solutions for Veterans



Who We Are and How We Can Help

We are proud to be a VA Community Care (VACCN) provider offering Oral Appliance Therapy (OAT) as an effective, non-invasive treatment option for veterans with sleep apnea. Our dentists, contracted through Optum (regions 1–3) and TriWest (region 4), follow AADSM guidelines to ensure high standards of care. Through this approach, we help improve veterans' health, quality of life, and long-term wellness with personalized sleep solutions.



Sleep Apnea's Impact on Veterans

Up to 50% of veterans with PTSD also suffer from Sleep Apnea



Benefits of Oral Appliance Therapy with us



Recognized by VA clinical guidelines as a first-line solution for sleep apnea.



Mandibular Advancement Devices (MADs) are an effective, non-invasive treatment for sleep apnea.



Referrals are made through the VA Community Care network using code E0486.



www.apZme.com



www.millenniumsleeplab.com



www.sleepimpressions.com