

Statement of pulmonary arterial hypertension diagnosis

Patient name _____

Physician name _____

Diagnosis (Please check one. If secondary pulmonary hypertension, identify the underlying cause.):

- Idiopathic pulmonary hypertension (defined as Primary PAH by Centers for Medicare & Medicaid Services)

Secondary pulmonary hypertension — Medicare-covered

- Connective tissue disease (Please specify, e.g., scleroderma, lupus)
 Thromboembolic disease of the pulmonary arteries
 HIV infection
 Anorectic drug therapy
 Congenital heart disease — ASD or VSD
 Cirrhosis
 Other _____

Secondary pulmonary hypertension — non-Medicare-covered

- Sleep apnea
 Cardiomyopathy
 Congenital heart disease — other than ASD or VSD
 COPD
 Pulmonary fibrosis
 Emphysema
 Interstitial lung disease
 Sarcoidosis of the lung
 Left-sided valvular disease
 Other _____

Physician's signature _____

Date _____

Fax completed form to 800.711.3526.