

Traditional vs. **Sleep360** Model: **PAYER IMPACT**



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Executive Summary

For a health plan, the central question is not whether CPAP can work when used; it is whether the pathway gets the right members to an effective therapy quickly and efficiently.

In the traditional pathway, therapy often mismatches disease severity: approximately 60%¹ of patients have mild to moderate sleep apnea, yet many are still routed to CPAP, where adherence is only about 39%² in this population. The result is an overall effective treatment rate of 40%³⁶.

The traditional pathway is also slow and administratively heavy. From the initial primary care visit to treatment initiation, the modeled pathway averages 6.5 visits³⁸ over 34 weeks³⁷. That delay increases member drop-off and pushes up physician and DME spend, raising allocated cost per effectively treated patient to \$6,144⁴¹.

Sleep360 addresses both issues by matching therapy to severity and compressing the pathway. Mild to moderate patients receive oral appliance therapy, which carries an 80%³ adherence rate, while CPAP is reserved for severe cases. Across the full pathway, the model raises the effective treatment rate to 81%⁴², reduces time to treatment to 2 weeks⁴³, cuts visits to 2.2⁴⁴, and lowers allocated cost per effectively treated patient to \$3,686⁴⁷.

Note: The results presented here are based on multiple published studies and are intended to illustrate the potential impact of two key changes: directing clinically appropriate mild to moderate patients to oral appliance therapy and streamlining the care pathway. Together, these changes can improve effective treatment rates, shorten time to treatment, reduce required visits, and lower total care cost per 1,000 untreated patients. Because the figures are benchmark-based, they may not fully reflect performance in your specific plan. For a more precise estimate of savings, please provide your plan's actual data, such as initiation rates, adherence rates, utilization patterns, and the total care cost difference between adherent and non-adherent members, and those inputs can be used to model projected savings for your population.

Overall Results

Initial + Non-Compliance Treatment

Clinical Performance

Metrics	Traditional Total Values	Sleep360 Total Values	Improvement
Total Visits	6.5 Visits ³⁸	2.2 Visits ⁴⁴	4.3 Fewer Visits ⁵⁰
Time to Treatment (TTT)	34 Weeks ³⁷	2 Weeks ⁴³	32 Weeks Faster ⁴⁹
Effective Treatment Rate	40% ³⁶	81% ⁴²	+41 percentage pts ⁴⁸

Cost (per Effective Treatment)

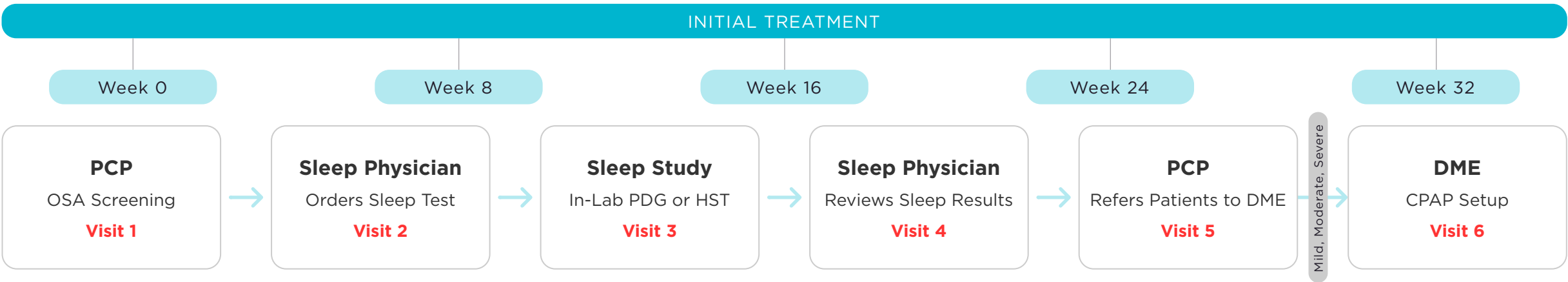
Metrics	Traditional Total Values	Sleep360 Total Values	Improvement
Physician Cost / Effective Treatment	\$1,581 ³⁹	\$386 ⁴⁵	\$1,195 Lower ⁵¹
DME / Effective Treatment	\$4,563 ⁴⁰	\$3,299 ⁴⁶	\$1,263 Lower ⁵²
Total / Effective Treatment	\$6,144 ⁴¹	\$3,686 ⁴⁷	\$2,458 Lower ⁵³

For a payer, the impact extends beyond treatment delivery. Using the estimated \$4,487⁴ difference in total care cost between adherent and non-adherent patients, Sleep360 lowers modeled total care cost by \$1,820,928⁵⁴ per 1,000 untreated patients versus the traditional pathway.

Metrics	Traditional Values	Sleep360 Values	Improvement
Total Care Cost Savings Adherent vs. Non-Adherent	\$4,487 ⁴	\$4,487 ⁴	
Effective Treatment Rate	40% ³⁶	81% ⁴²	+41 percentage points ⁴⁸
Total Care Cost per 1,000 Untreated Patients	\$2,673,590	\$852,662	\$1,820,928 lower ⁵⁴

Initial Treatment

Traditional Model



Under the traditional model, the patient journey begins with the PCP, who screens for obstructive sleep apnea (OSA) and refers the patient to a sleep physician for further evaluation. The pathway then moves through separate handoffs: sleep specialist consultation, sleep testing, results review, and referral to a DME provider for CPAP setup and treatment initiation. For a payer, this is a slow, fragmented pathway that sends many mild to moderate patients to CPAP, delays therapy, and increases drop-off before treatment begins.

Initial Treatment Metrics | Traditional Model

Clinical Performance		Cost (per Effective Treatment)	
	Initial Values		Initial Values
Total Visits	6 Visits ⁵	Physician Cost	\$1,603 ¹⁰
Time to Treatment (TTT)	32 Weeks ⁶	DME Cost	\$4,792 ^{11,12}
Effective Treatment Rate	35% ^{7,8,9}	Total Cost	\$6,394 ⁴¹

Key Pathway Effects

Therapy selection and adherence:

CPAP is frequently used as first-line treatment even for mild to moderate OSA, despite approximately 39%² adherence in this population. The resulting effective treatment rate is 35%⁵.

Time to treatment and visit burden:

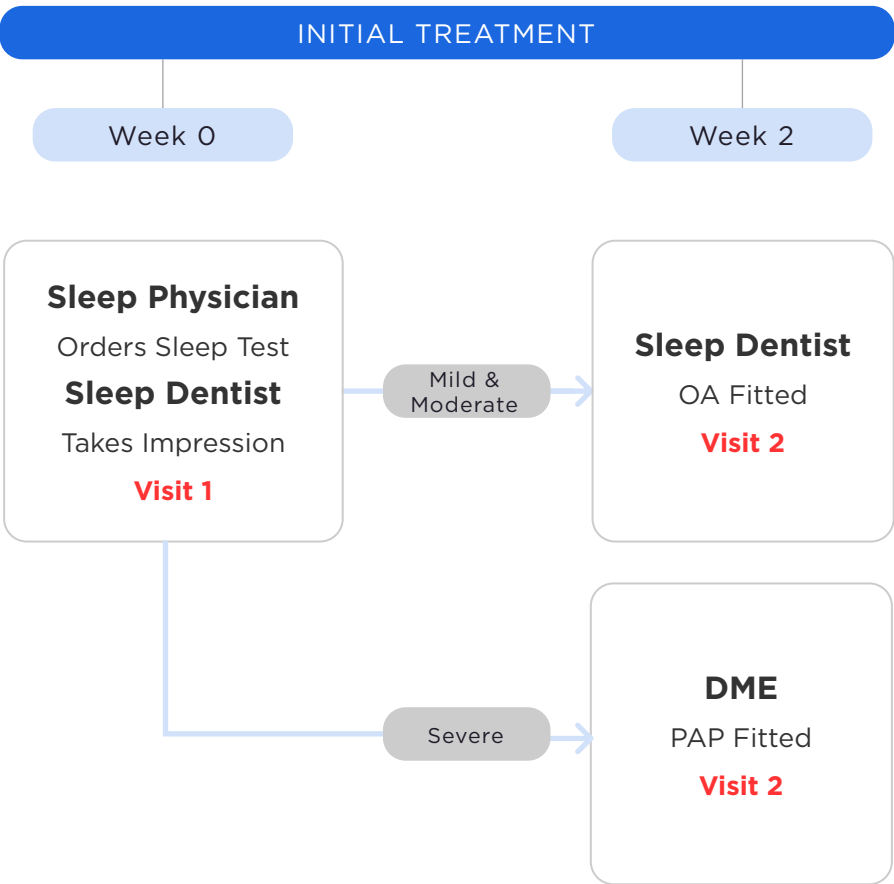
The initial pathway requires 32⁸ weeks and 6 visits⁹, creating substantial friction for both patients and providers.

Referrals, handoffs, and cost:

Multiple appointments and care transitions increase patient drop-off and drive avoidable cost. The allocated cost per effectively treated patient is \$6,394⁴¹, including \$1,603¹⁰ in physician cost and \$4,792¹² in DME cost.

Initial Treatment

Sleep360 Model



Under the Sleep360 model, preparation begins before the first clinical encounter. Prior to the visit, the patient receives a home sleep apnea test (HSAT) together with a dental impression and bite-registration kit. The pathway then runs through one coordinated telehealth encounter: the sleep physician completes the medical review and validated screening, warm-transfers the patient to a sleep dentist for virtual impression guidance, and the patient completes the HSAT that same night. The sleep physician interprets the study the following day and selects first-line therapy based on disease severity. **For a payer, the result is a faster, severity-aligned pathway that treats clinically appropriate mild to moderate patients with oral appliance therapy, reserves CPAP for severe cases, and preserves a ready-to-convert digital dental record if CPAP later fails.**

Clinical Performance

Metrics	Oral Appliance	CPAP	Blended Initial Values
Total Visits	2 Visits	2 Visits	2 Visits
Time to Treatment (TTT)	2 Weeks	2 Weeks	2 Weeks
Effective Treatment Rate	70% ¹³	63% ¹⁴	67%¹⁵

Cost (per Effective Treatment)

Metrics	Oral Appliance	CPAP	Blended Initial Values
Physician Cost	\$447 ¹⁶	\$500 ¹⁷	\$467 ¹⁸
DME Cost	\$2,736 ¹⁹	\$4,373 ²⁰	\$3,417 ²¹
Total Cost	\$3,184	\$4,873	\$3,884²²

Key Pathway Effects

Therapy selection and adherence:

Sleep360 routes clinically appropriate mild to moderate patients to oral appliance therapy rather than defaulting them to CPAP. This raises the effective treatment rate from 35%⁵ to 67%¹⁵ in the initial-treatment pathway.

Time to treatment and visit burden:

Sleep360 reduces time to treatment from 32⁸ weeks to 2 weeks and cuts the process from 6 visits⁹ to 2.

Referrals, handoffs, and cost:

By eliminating multiple referrals, follow-up visits, and redundant handoffs, Sleep360 reduces patient attrition and lowers allocated cost per effectively treated patient from \$6,394⁴¹ to \$3,884²².

Initial Treatment

Traditional vs. Sleep360 ➡

Clinical Performance

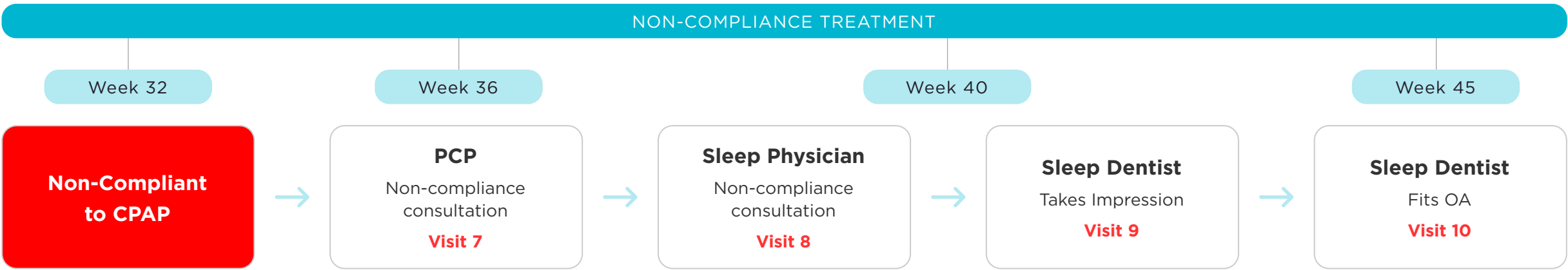
	TRADITIONAL	SLEEP360	
Metrics	Total Values	Blended Values	Improvement
Total Visits	6 Visits ⁹	2 Visits	4 Fewer Visits
Time to Treatment	32 Weeks ⁸	2 Weeks	30 Weeks Faster
Effective Treatment Rate	35% ⁵	67% ¹⁵	+32 pts

Cost (per Effective Treatment)

	TRADITIONAL	SLEEP360	
Metrics	Total Values	Blended Values	Improvement
Physician Cost	\$1,603 ¹⁰	\$467 ¹⁸	\$1,136 Lower
DME Cost	\$4,792 ¹²	\$3,417 ²¹	\$1,375 Lower
Total Cost	\$6,394 ⁴¹	\$3,884 ²²	\$2,511 Lower

Non-Compliance Treatment

Traditional Model



Under the traditional model, once CPAP non-compliance is confirmed, most patients do not transition to an alternative therapy and remain untreated. Only 27%²³ of patients pursue additional treatment after CPAP non-compliance. For the minority who seek additional treatment, the pathway begins another referral cycle: back to the PCP, back to the sleep physician, then to a sleep dentist, and finally to delivery of a custom oral appliance after laboratory fabrication. For a payer, this second-line pathway is rarely activated, slow when it is used, and costly relative to the number of patients who ultimately achieve effective treatment.

Non-Compliance Treatment Metrics | Traditional Model

Clinical Performance		Cost (per Effective Treatment)	
	Non-Compliance Values		Non-Compliance Values
Total Visits	4 Visits ²⁴	Physician Cost	\$1,432 ²⁸
Time to Treatment (TTT)	13 Weeks ²⁵	DME Cost	\$2,973 ²⁹
Effective Treatment Rate	20% ^{26 27}	Total Cost	\$4,405 ³⁰

Key Pathway Effects

Conversion after CPAP failure:

Only 27%²³ of patients who are non-compliant with CPAP pursue an additional treatment option, resulting in an effective treatment rate of just 20%²⁵.

Time to treatment and visit burden:

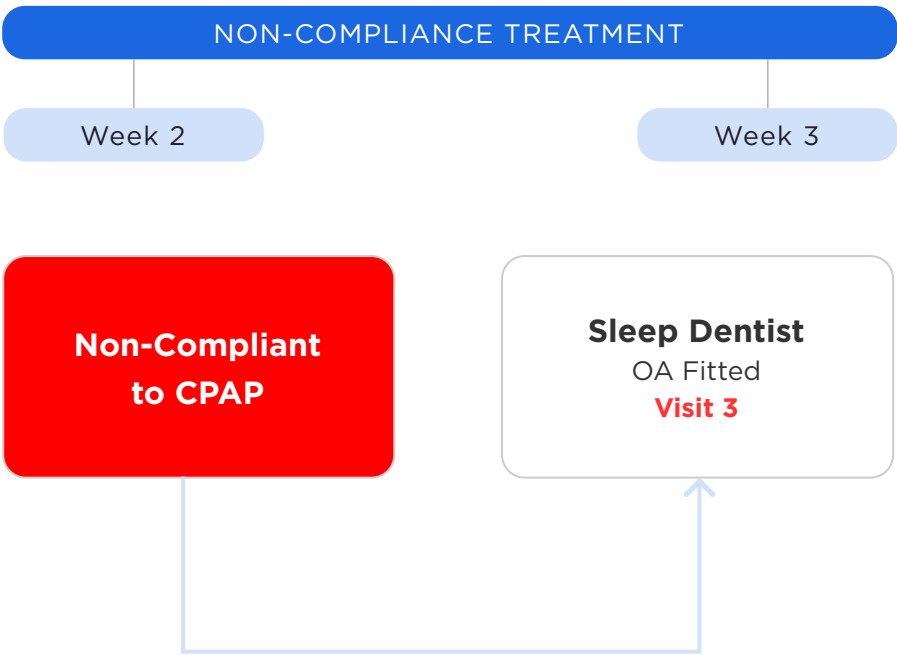
The post-non-compliance pathway adds 13 weeks²⁶ and 4 visits²⁷ before oral appliance therapy can begin.

Referrals, handoffs, and cost:

Repeated referrals, follow-up visits, and care transitions increase patient drop-off and raise allocated cost per effectively treated patient to \$4,405³⁰, including \$1,432²⁸ in physician cost and \$2,973²⁹ in DME cost.

Non-Compliance Treatment

Sleep360 Model



Under the Sleep360 model, CPAP non-compliance does not trigger a restart of the referral pathway. The digital dental record created at diagnosis enables immediate conversion to oral appliance therapy when CPAP fails. The pathway then proceeds directly to fabrication: Sleep360 retrieves the stored digital scan, fabricates the custom oral appliance, and schedules a single fitting visit with the sleep dentist. For a payer, the result is a rapid, low-friction transition to second-line therapy that preserves patient momentum, improves continuation of care, and lowers spend.

Non-Compliance Treatment Metrics | Sleep360 Model

Clinical Performance

	Non-Compliance Values
Total Visits	1 Visit ³¹
Time to Treatment (TTT)	1 Week
Effective Treatment Rate	70% ³²

Cost (per Effective Treatment)

	Non-Compliance Values
Physician Cost	\$0 ³³
DME Cost	\$2,736 ³⁴
Total Cost	\$2,736 ³⁵

Key Pathway Effects

Conversion after CPAP failure:

By digitally archiving impressions during the diagnostic stage, Sleep360 increases the effective treatment rate after CPAP non-compliance from 20%²⁵ to 70%³¹.

Time to treatment and visit burden:

Sleep360 reduces the post-non-compliance pathway from 13 weeks²⁶ to 1 week and from 4 visits²⁷ to 1 visit³².

Referrals, handoffs, and cost:

Because no PCP restart, repeat physician referral, or new impression visit is required, allocated cost per effectively treated patient falls from \$4,405³⁰ to \$2,736³⁵.

Non-Compliance Treatment

Traditional vs. Sleep360 ➡

Clinical Performance

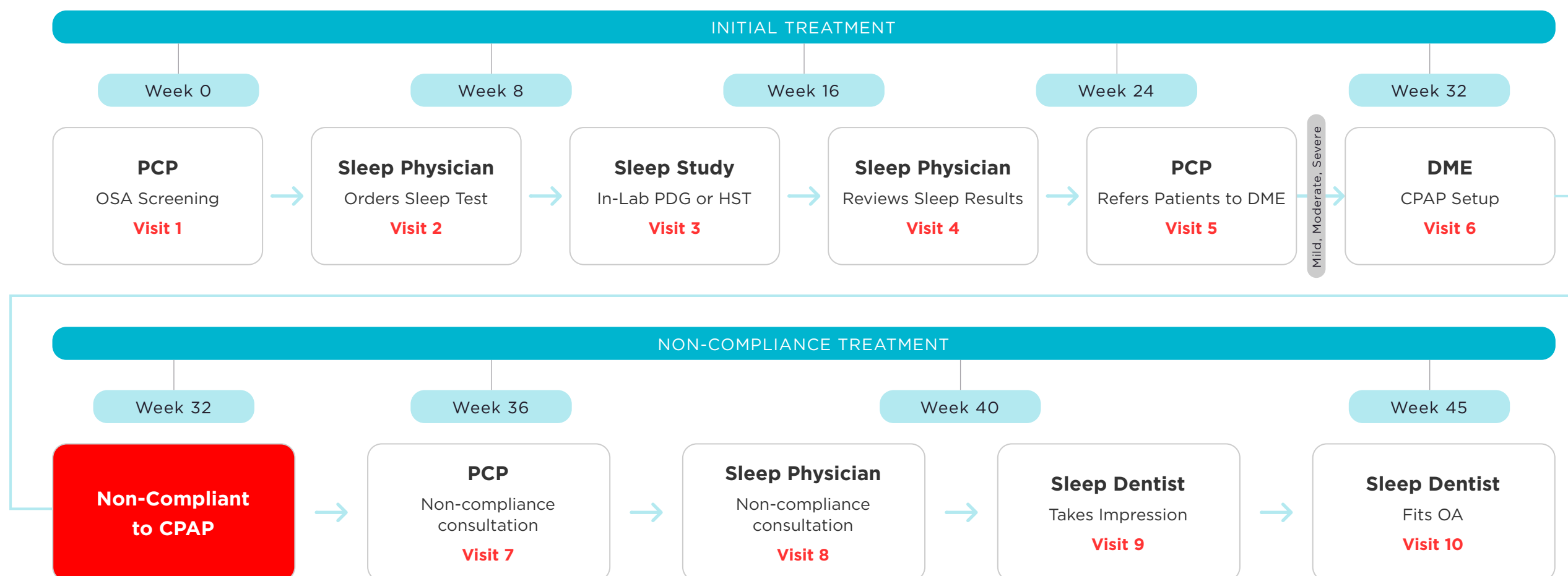
	TRADITIONAL	SLEEP360	
Metrics	Total Values	Total Values	Improvement
Total Visits	4 Visits ²⁷	1 Visit	3 Fewer Visits
Time to Treatment	13 Weeks ²⁶	1 Week	12 Weeks Faster
Effective Treatment Rate	20% ²⁵	70% ³¹	+50 pts

Cost (per Effective Treatment)

	TRADITIONAL	SLEEP360	
Metrics	Total Values	Total Values	Improvement
Physician Cost	\$1,432 ²⁸	\$0	\$1,432 Lower
DME Cost	\$2,973 ²⁹	\$2,736 ³⁴	\$237 Lower
Total Cost	\$4,405 ³⁰	\$2,736 ³⁵	\$1,669 Lower

Initial + Non-Compliance Treatment

Traditional Model



When initial treatment and post-non-compliance management are combined, the traditional pathway remains slow, fragmented, and low-yield. Across the modeled population, the traditional pathway averages 34 weeks³⁷ and 6.5³⁸ total visits, and only a small subset of CPAP non-compliant patients ever transition to oral appliance therapy after the initial pathway fails. The result is a blended effective treatment rate of 40%³⁶ and an allocated cost per effectively treated patient of \$6,144⁴¹.

Initial + Non-Compliance Treatment

Combined Pathway Metrics | Traditional Model

Clinical Performance

Metrics	Initial Stage	Non-Compliance Stage	Total
Total Visits	6 Visits ⁹	4 Visits ²⁷	6.5 Visits³⁶
Time to Treatment (TTT)	32 Weeks ⁸	13 Weeks ²⁶	34 Weeks³⁷
Effective Treatment Rate	35% ⁵	20% ²⁵	40%³⁸

Cost (per Effective Treatment)

Metrics	Initial Stage	Non-Compliance Stage	Total
Physician Cost / Effective Treatment	\$1,603 ¹⁰	\$1,432 ²⁸	\$1,581³⁹
DME / Effective Treatment	\$4,792 ¹²	\$2,973 ²⁹	\$4,563⁴⁰
Total / Effective Treatment	\$6,394⁴¹	\$4,405³⁰	\$6,144⁴¹

Key Pathway Effects

Overall treatment performance:

Even after accounting for the small number of patients who transition to oral appliance therapy after CPAP failure, the blended effective treatment rate reaches only 40%³⁶.

Time to treatment and visit burden:

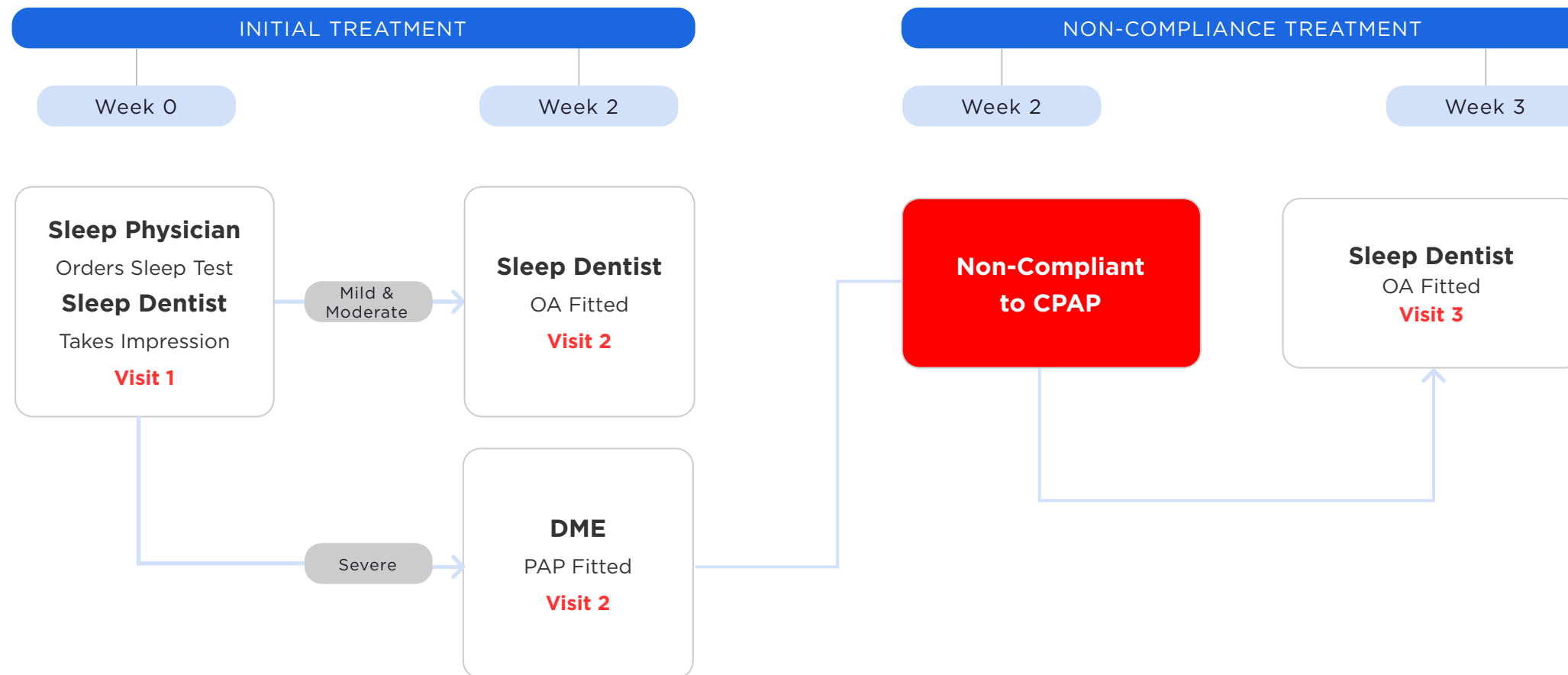
Across the full pathway, the traditional model averages 34 weeks³⁷ and 6.5 total visits³⁸.

Blended cost efficiency:

The allocated cost per effectively treated patient remains high at \$6,144⁴¹, including \$1,581³⁹ in physician cost and \$4,563⁴⁰ in DME cost.

Initial + Non-Compliance Treatment

Sleep360 Model



When initial treatment and post-non-compliance management are combined, the Sleep360 pathway functions as an integrated care model across first-line and second-line therapy.

Across the modeled population, the Sleep360 pathway averages just 2 weeks⁴³ and 2.2⁴⁴ total visits because therapy is matched to severity from the outset and a ready-to-convert digital dental record is created during diagnosis. The result is a blended effective treatment rate of 81%⁴² and an allocated cost per effectively treated patient of \$3,686⁴⁷.

Initial + Non-Compliance Treatment

Combined Pathway Metrics | Sleep360 Model

Clinical Performance

Metrics	Initial Stage	Non-Compliance Stage	Total
Total Visits	2 Visits	1 Visit ³²	2.2 Visits⁴²
Time to Treatment (TTT)	2 Weeks	1 Week	2 Weeks⁴³
Effective Treatment Rate	67% ¹⁵	70% ³¹	81%⁴⁴

Cost (per Effective Treatment)

Metrics	Initial Stage	Non-Compliance Stage	Total
Physician Cost	\$467 ¹⁸	\$0 ³³	\$386⁴⁵
DME Cost	\$3,417 ²¹	\$2,736 ³⁴	\$3,299⁴⁶
Total Cost	\$3,884²²	\$2,736³⁵	\$3,686⁴⁷

Key Pathway Effects

Overall treatment performance:

By combining severity-aligned first-line therapy with a built-in conversion pathway after CPAP non-compliance, Sleep360 increases the blended effective treatment rate to 81%⁴².

Time to treatment and visit burden:

Across the full pathway, Sleep360 reduces time to treatment from 34 weeks³⁷ to 2 weeks⁴³ and total visits from 6.5³⁸ to 2.2⁴⁴.

Blended cost efficiency:

The allocated cost per effectively treated patient falls to \$3,686⁴⁷, including \$386⁴⁵ in physician cost and \$3,299⁴⁶ in DME cost.

Overall Payer Impact with the Sleep360 Process

Across the full care pathway, from initial diagnosis through management of CPAP non-compliance, Sleep360 delivers materially better clinical and economic performance than the traditional model. For a health plan, that means:

Higher treatment success: raises the blended effective treatment rate from 40%³⁶ to 81%⁴², a 41-percentage-point improvement⁴⁸.

Faster access to therapy: reduces time to treatment from 34 weeks³⁷ to 2 weeks⁴³, accelerating care by 32 weeks⁴⁹.

Lower visit burden: cuts the process from 6.5³⁸ total visits to 2.2⁴⁴ visits, eliminating 4.3 visits⁵⁰.

Lower physician spend: reduces physician cost per effectively treated patient from \$1,581³⁹ to \$386⁴⁵, a savings of \$1,195⁵¹.

Lower DME spend: reduces DME cost per effectively treated patient from \$4,563⁴⁰ to \$3,299⁴⁶, a savings of \$1,263⁵².

Lower total allocated cost: reduces total allocated cost per effectively treated patient from \$6,144⁴¹ to \$3,686⁴⁷, a savings of \$2,458⁵³.

The result is a care model that is faster, more effective, and less costly, improving member outcomes while reducing avoidable physician and DME spend.

Sleep360 Process Results

Clinical Performance

Metrics	Traditional Total Values	Sleep360 Total Values	Improvement
Total Visits	6.5 Visits ³⁸	2.2 Visits ⁴⁴	4.3 Fewer Visit ⁴⁸
Time to Treatment (TTT)	34 Weeks ³⁷	2 Weeks ⁴³	32 Weeks Faster ⁴⁹
Effective Treatment Rate	40% ³⁶	81% ⁴²	+41 percentage pts ⁵⁰

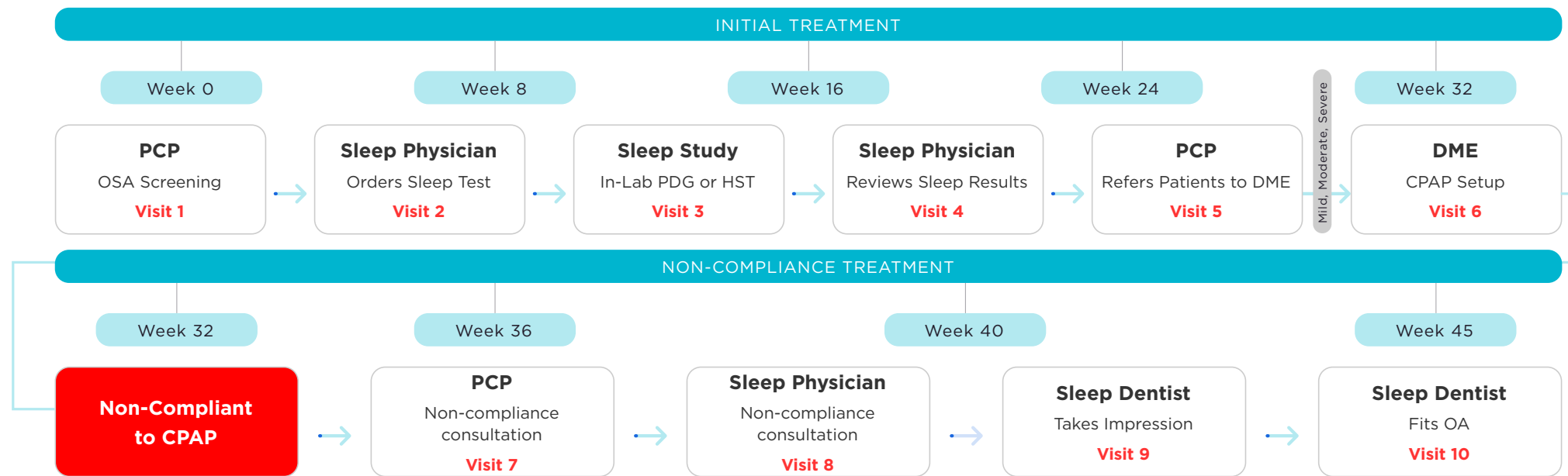
Cost (per Effective Treatment)

Metrics	Traditional Total Values	Sleep360 Total Values	Improvement
Physician Cost / Effective Treatment	\$1,581 ³⁹	\$386 ⁴⁵	\$1,195 Lower ⁵¹
DME / Effective Treatment	\$4,563 ⁴⁰	\$3,299 ⁴⁶	\$1,263 Lower ⁵²
Total / Effective Treatment	\$6,144 ⁴¹	\$3,686 ⁴⁷	\$2,458 Lower ⁵³

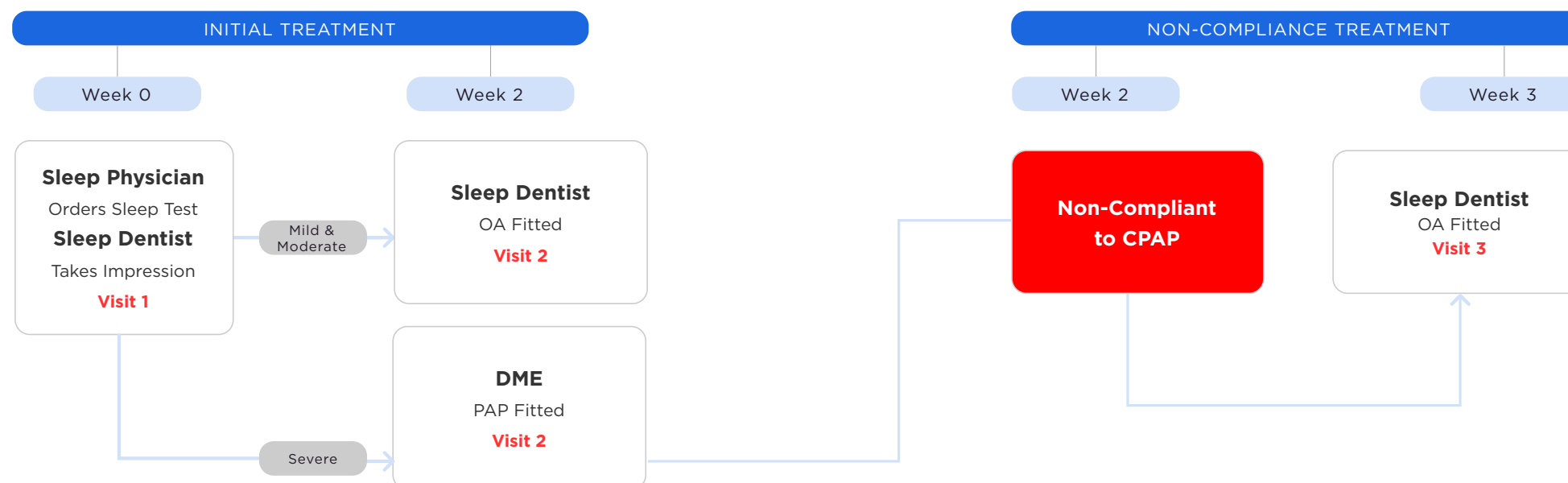
Note: Blended effective treatment rates, time-to-treatment values, visit counts, and allocated cost values are weighted model outputs. They are not simple sums of the stage-level figures.

Overall Payer Impact with the Sleep360 Process

Traditional Model



Sleep360 Model



Total Care Cost Impact

From a payer perspective, total care cost is the most important downstream measure. Published evidence indicates that adherent patients incur \$4,487⁴ less in total care cost than non-adherent patients. Using the blended effective treatment rates above, total care cost per 1,000 untreated patients is modeled at \$2,673,590 for the traditional pathway versus \$852,662 for Sleep360, for a net savings of \$1,820,928⁵⁴ per 1,000 untreated patients.

Total Care Cost | Traditional vs Sleep360 Model

	Traditional Values	Sleep360 Values	Improvement
Total Care Cost Savings Adherent vs. Non-Adherent	\$4,487 ⁴	\$4,487 ⁴	—
Effective Treatment Rate	40% ³⁶	81% ⁴²	+41 percentage pts⁴⁸
Total Care Cost per 1,000 Untreated Patients	\$2,673,590	\$852,662	\$1,820,928 Lower⁵⁴

Note: The total care cost calculation uses the blended effective treatment rates above. Executive summary percentages are rounded to whole numbers for readability.

Methodology Notes

Modeling note:

Detailed blended pathway values are shown with one decimal place where needed; executive summary figures are rounded to whole numbers for readability.

Modeling note:

Dollar differences are shown from the displayed values and may vary by \$1 in underlying source models that use additional decimal precision.

Modeling note:

Blended totals in the combined-pathway tables are weighted model outputs rather than direct sums of the stage-level figures; this applies to effective treatment, time to treatment, visit counts, and allocated cost.

References

References

- 1 **Locke BW, Neill SE, Howe HE, et al.** Electronic health record-derived outcomes in obstructive sleep apnea managed with positive airway pressure tracking systems. J Clin Sleep Med. 2022;18(3):885-894. doi:10.5664/jcsm.9750.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8883092/>
In this CPAP-treated cohort, 60% of patients had mild-to-moderate OSA and 40% had severe OSA.
- 2 **Berg LM, Ankjell TKS, Trovik TA, et al.** Self-reported sleep quality with mandibular advancement device or continuous positive airway pressure: a randomized clinical trial on patients with mild and moderate obstructive sleep apnea. J Dent Sleep Med. 2020;7(2). doi:10.15331/jdsm.7118.
https://aadsm.org/journal/original_article_1_issue_72.php
At 4-month follow-up, CPAP adherence was 38.9%.
- 3 **Berg LM, Ankjell TKS, Trovik TA, et al.** Self-reported sleep quality with mandibular advancement device or continuous positive airway pressure: a randomized clinical trial on patients with mild and moderate obstructive sleep apnea. J Dent Sleep Med. 2020;7(2). doi:10.15331/jdsm.7118.
https://aadsm.org/journal/original_article_1_issue_72.php
At 4-month follow-up, mandibular advancement device adherence was 79.5%.
- 4 **Bock JM, Needham KA, Gregory DA, et al.** Continuous positive airway pressure adherence and treatment cost in patients with obstructive sleep apnea and cardiovascular disease. Mayo Clin Proc Innov Qual Outcomes. 2022;6(2):166-175. doi:10.1016/j.mayocpiqo.2022.01.002.
<https://pubmed.ncbi.nlm.nih.gov/35399584/>
In patients with OSA and cardiovascular disease, average annual health care expenses were \$4,487 lower in adherent CPAP patients than in nonadherent patients.
- 5 Total Visits extracts the numeric physician and non-physician visit counts (4 Visits²⁷ and 2 Visits), adds them (4 + 2 = 6), and displays the result as “6. Visits”. Deck display: “6 Visits”.
- 6 **Ali A, Deger M, Ghildiyal A, Alpert N, Saberi Hosnijeh F, Boulton S.** Incidence, characteristics, and management pathways of OSA in England: a 10-year retrospective cohort study. CHEST Pulmonary. Published online October 10, 2025. doi:10.1016/j.chpulm.2025.100221.
Available at: <https://www.sciencedirect.com/science/article/pii/S2949789225000881>
AMN Healthcare. New Survey Shows Physician Appointment Wait Times Surge: 19% Since 2022, 48% Since 2004. Published May 27, 2025.
Available at: <https://ir.amnhealthcare.com/news-releases/news-release-details/new-survey-shows-physician-appointment-wait-times-surge-19-2022>
In a large real-world cohort, the median time from general practitioner referral to CPAP initiation was 194 days. Separately, AMN reported an average 31-day physician appointment wait across six specialties. Using that scheduling delay as a proxy for the initial primary care visit, the total time from booking a physician appointment to CPAP initiation is 225 days (~32.1 weeks, 32 weeks rounded).

References

7 **Effective Treatment Rate** is calculated with Initiation Rate × Adherence Rate. Inputs: Initiation Rate = 60.8%⁶; Adherence Rate = 58.1%⁷. The result is 35.325% (35% shown).

8 **Wickwire EM, Zhang X, Munson SH, Benjafield AV, Sullivan SS, Payombar M, Patil SP.** The OSA patient journey: pathways for diagnosis and treatment among commercially insured individuals in the United States. J Clin Sleep Med. 2024;20(4):505-514. doi:10.5664/jcsm.10908. <https://pubmed.ncbi.nlm.nih.gov/37950451/>
Approximately 60.8% of patients initiated PAP therapy within 12 months of obstructive sleep apnea diagnosis.

9 **Sterling KL, Pépin J-L, Linde-Zwirble W, et al.** Impact of Positive Airway Pressure Therapy Adherence on Outcomes in Patients with Obstructive Sleep Apnea and Chronic Obstructive Pulmonary Disease. Am J Respir Crit Care Med. 2022;206(2):197-205. doi:10.1164/rccm.202109-2035OC. <https://pubmed.ncbi.nlm.nih.gov/32575113/>
CMS 90-day compliance rate for the population was 58.1%.

10 **Physician Cost / Effective Treatment** is calculated with Physician Cost (Expected) ÷ Effective Treatment Rate. Inputs: Physician Cost (Expected) = \$566.15; Effective Treatment Rate = 35.325%. The result is \$1,602.70. Deck display: “\$1,603”.

Provider Seen	What Happens	Typical Code	Medical Reimbursement
PCP	Screening (STOP BANG / Epworth)	99203	\$ 117.57
PCP	Referral to Sleep Physician + sleep test order	99214	\$ 135.61
Sleep Physician	Initial consult	99204	\$ 177.36
Sleep Physician	Reviews / interprets results (visit)	99214	\$ 135.61
			\$ 566.15

11 **Sterling KL, Pépin JL, Linde-Zwirble W, et al.** Impact of positive airway pressure therapy adherence on outcomes in patients with obstructive sleep apnea and chronic obstructive pulmonary disease. Am J Respir Crit Care Med. 2022;206(2):197-205. doi:10.1164/rccm.202109-2035OC. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9887426/>
Matched-cohort PAP equipment costs were \$3,883 for adherent patient years 1-5 versus \$1,260 for nonadherent patient years 1-5.

12 **DME / Effective Treatment** is calculated with (((DME Cost – Adherent Outcome × Adherence Rate) + (DME Cost – Non-Adherent Outcome × (1 – Adherence Rate))) × Initiation Rate) ÷ Effective Treatment Rate. Inputs: DME Cost – Adherent Outcome = \$3,883.00; Adherence Rate = 58.1%; DME Cost – Non-Adherent Outcome = \$1,260.00; Initiation Rate = 60.8%; Effective Treatment Rate = 35.325%. The result is \$4,791.67. Deck display: “\$4,792”.

References

- 13 **Effective Treatment Rate** is calculated with $\text{Initiation Rate} \times \text{Adherence Rate}$. Inputs: Initiation Rate = 87%; Adherence Rate = 80.4%. The result is 69.948% (70% shown).
- 14 **Effective Treatment Rate** is calculated with $\text{Initiation Rate} \times \text{Adherence Rate}$. Inputs: Initiation Rate = 87%; Adherence Rate = 72%. The result is 62.64% (63% shown).
- 15 **Effective Treatment Rate** is calculated with $(\text{Effective Treatment Rate} \times \text{Mild \& Moderate}) + (\text{Effective Treatment Rate} \times \text{Severe})$. Inputs: Effective Treatment Rate = 69.948%¹³; Mild & Moderate = 60%¹; Effective Treatment Rate = 62.64%¹⁴; Severe = 40%¹. The result is 67.025% (67% shown).
- 16 **Physician Cost / Effective Treatment** is calculated with $\text{Physician Cost (Expected)} \div \text{Effective Treatment Rate}$. Inputs: Physician Cost (Expected) = \$312.97; Effective Treatment Rate = 69.948%. The result is \$447.43. Deck display: “\$447”.

Provider Seen	What Happens	Typical Code	Medical Reimbursement
Sleep Physician	Initial consult	99204	\$ 177.36
Sleep Physician	Reviews / interprets results (visit)	99214	\$ 135.61
			\$ 312.97

- 17 **Physician Cost / Effective Treatment** is calculated with $\text{Physician Cost (Expected)} \div \text{Effective Treatment Rate}$. Inputs: Physician Cost (Expected) = \$312.97; Effective Treatment Rate = 62.64%. The result is \$499.63. Deck display: “\$500”.

Provider Seen	What Happens	Typical Code	Medical Reimbursement
Sleep Physician	Initial consult	99204	\$ 177.36
Sleep Physician	Reviews / interprets results (visit)	99214	\$ 135.61
			\$ 312.97

- 18 **Physician Cost / Effective Treatment** is calculated with $\text{Physician Cost (Expected)} \div \text{Effective Treatment Rate}$. Inputs: Physician Cost (Expected) = \$312.97; Effective Treatment Rate = 67.025%. The result is \$466.95. Deck display: “\$467”.

Provider Seen	What Happens	Typical Code	Medical Reimbursement
Sleep Physician	Initial consult	99204	\$ 177.36
Sleep Physician	Reviews / interprets results (visit)	99214	\$ 135.61
			\$ 312.97

References

- 19 **DME / Effective Treatment Rate** is calculated with $((((\text{DME Cost} - \text{Adherent Outcome} \times \text{Adherence Rate}) + (\text{DME Cost} - \text{Non-Adherent Outcome} \times (1 - \text{Adherence Rate}))) \times \text{Initiation Rate}) \div \text{Effective Treatment Rate})$. Inputs: DME Cost – Adherent Outcome = \$2,200.00; Adherence Rate = 80.4%; DME Cost – Non-Adherent Outcome = \$2,200.00; Initiation Rate = 87%; Effective Treatment Rate = 69.948%. The result is \$2,736.32. Deck display: “\$2,736”.
- 20 **DME / Effective Treatment Rate** is calculated with $((((\text{DME Cost} - \text{Adherent Outcome} \times \text{Adherence Rate}) + (\text{DME Cost} - \text{Non-Adherent Outcome} \times (1 - \text{Adherence Rate}))) \times \text{Initiation Rate}) \div \text{Effective Treatment Rate})$. Inputs: DME Cost – Adherent Outcome = \$3,883.00; Adherence Rate = 72%; DME Cost – Non-Adherent Outcome = \$1,260.00; Initiation Rate = 87%; Effective Treatment Rate = 62.64%. The result is \$4,373.00²⁰. Deck display: “\$4,373”.
- 21 **DME / Effective Treatment Rate** is calculated with $((((\text{DME Cost} - \text{Adherent Outcome} \times \text{Adherence Rate}) + (\text{DME Cost} - \text{Non-Adherent Outcome} \times (1 - \text{Adherence Rate}))) \times \text{Initiation Rate}) \div \text{Effective Treatment Rate})$. Inputs: DME Cost – Adherent Outcome = \$2,873.20; Adherence Rate = 77.04%; DME Cost – Non-Adherent Outcome = \$1,824.00; Initiation Rate = 87%; Effective Treatment Rate = 67.025%. The result is \$3,416.80. Deck display: “\$3,417”.
- 22 **Oral Appliance: Total / Effective Treatment** is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: \$447.4316 + \$2,736.3219 = \$3,183.75. Deck display: “\$3,184”. CPAP: Total / Effective Treatment is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: \$499.63 + \$4,373.0020 = \$4,872.63. Deck display: “\$4,873”. Blended: Total / Effective Treatment is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: \$466.95 + \$3,416.80 = \$3,883.75. Deck display: “\$3,884”.
- 23 **Anandam A, Patil M, Akinnusi M, Jaoude P, El Solh AA.** Cardiovascular mortality in obstructive sleep apnoea treated with continuous positive airway pressure or oral appliance: an observational study. *Respirology*. 2013;18(7):1184-1190. doi:10.1111/resp.12140. <https://pubmed.ncbi.nlm.nih.gov/23731062/>
In this severe OSA cohort, 562 patients received CPAP as initial treatment; after 3 months, 319 could not tolerate CPAP, and 86 of those patients were fitted with a mandibular advancement device while 233 either were not candidates or refused further treatment. This indicates that 27% of CPAP-intolerant patients transitioned to oral appliance therapy.
- 24 **Total Visits** extracts the numeric physician and non-physician visit counts (2 Visits and 2 Visits), adds them (2 + 2 = 4), and displays the result as “4. Visits”. Deck display: “4 Visits”.

References

25 **AMN Healthcare.** New Survey Shows Physician Appointment Wait Times Surge: 19% Since 2022, 48% Since 2004. Published May 27, 2025.
Available at: <https://ir.amnhealthcare.com/news-releases/news-release-details/new-survey-shows-physician-appointment-wait-times-surge-19-2022>.
Ali A, Deger M, Ghildiyal A, Alpert N, Saberi Hosnijeh F, Boulton S. Incidence, characteristics, and management pathways of OSA in England: a 10-year retrospective cohort study. CHEST Pulmonary. Published online October 10, 2025. doi:10.1016/j.chpulm.2025.100221.
Available at: <https://www.sciencedirect.com/science/article/pii/S2949789225000881> . Tozzer C, Bajwa O. Rapid dose titration model: reducing treatment time in oral appliance therapy for OSA. Sleep. 2025;48(suppl 1):A343. doi:10.1093/sleep/zsaf090.0792.
Available at: https://aadsm.org/journal/abstracts_issue_122.php.
Using AMN's 23.5-day family-medicine appointment wait as a proxy for initial primary-care access, Ali et al.'s 37-day interval from general practitioner referral to sleep clinic visit, and Tozzer's 27-day interval from the dental records appointment to a confirmed therapeutic oral-appliance dose, the measured steps sum to 87.5 days (~12.5 weeks, 13 weeks rounded). This is an illustrative cross-study estimate rather than a directly observed end point.

26 **Himejima A, Kono M, Wada K, Wang L, Masago A, Okuno K.** Adherence to oral appliance treatment for obstructive sleep apnea in patients with continuous positive airway pressure failure. J Prosthodont Res. 2025;69(3):339-343. doi:10.2186/jpr.JPR_D_24_00138.
<https://pubmed.ncbi.nlm.nih.gov/39756869/>
Among patients with CPAP failure, 74.0% continued oral appliance therapy for more than 1 year.

27 **Effective Treatment Rate** is calculated with Initiation Rate × Adherence Rate. Inputs: Initiation Rate = 27%²³; Adherence Rate = 74%²⁴.
The result is 19.98% (19.980% shown). Deck display: “20%”.

28 **Physician Cost / Effective Treatment Rate** is calculated with Physician Cost (Expected) ÷ Effective Treatment Rate.
Inputs: Physician Cost (Expected) = \$286.12; Effective Treatment Rate = 19.98%. The result is \$1,432.03. Deck display: “\$1,432”.

Provider Seen	What Happens	Typical Code	Medical Reimbursement
PCP	See patients after CPAP failure and refers to sleep doctor	99214	\$ 131.12
Sleep Physician	Reviews sleep study with patient	9	\$ 60.00
Sleep Physician	Refers patient to sleep dentist	99214	\$ 95.00
			\$ 286.12

29 **DME / Effective Treatment** is calculated with (((DME Cost – Adherent Outcome × Adherence Rate) + (DME Cost – Non-Adherent Outcome × (1 – Adherence Rate))) × Initiation Rate) ÷ Effective Treatment Rate. Inputs: DME Cost – Adherent Outcome = \$2,200.00; Adherence Rate = 74%²⁴; DME Cost – Non-Adherent Outcome = \$2,200.00; Initiation Rate = 27%²³; Effective Treatment Rate = 19.98%. The result is \$2,972.97.
Deck display: “\$2,973”.

References

- 30 **Total / Effective Treatment** is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: $\$1,432.03^{28} + \$2,972.97 = \$4,405.01$. Deck display: “\$4,405”.
- 31 **Total Visits** extracts the numeric physician and non-physician visit counts (0 Visits and 1 Visit³²), adds them ($0 + 1 = 1$), and displays the result as “1 Visit”.
- 32 **Effective Treatment Rate** is calculated with Initiation Rate $\times$ Adherence Rate. Inputs: Initiation Rate = 87%; Adherence Rate = 80.4%. The result is 69.948% (69.95% shown). Deck display: “70%”.
- 33 **Physician Cost / Effective Treatment** returns \$0 if Effective Treatment Rate is zero; otherwise it calculates Physician Cost (Expected) $\div$ Effective Treatment Rate. Here, Physician Cost (Expected) = \$0.00 and Effective Treatment Rate = 69.948%, so the result is \$0.00 (\$0.00 shown). Deck display: “\$0”.
- 34 **DME / Effective Treatment** is calculated with $((\text{DME Cost} - \text{Adherent Outcome} \times \text{Adherence Rate}) + (\text{DME Cost} - \text{Non-Adherent Outcome} \times (1 - \text{Adherence Rate}))) \times \text{Initiation Rate} \div \text{Effective Treatment Rate}$. Inputs: DME Cost – Adherent Outcome = \$2,200.00; Adherence Rate = 80.4%; DME Cost – Non-Adherent Outcome = \$2,200.00; Initiation Rate = 87%; Effective Treatment Rate = 69.948%. The result is \$2,736.32. Deck display: “\$2,736”.
- 35 **Total / Effective Treatment** is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: $\$0.00^{33} + \$2,736.32^{34} = \$2,736.32$. Deck display: “\$2,736”.
- 36 **Initial stage: Total Visits** carries forward the source value of 6. Visits. Deck display: “6 Visits⁹”. Non-compliance stage: Total Visits carries forward the source value of 4. Visits²⁷. Deck display: “4 Visits”. Total: Total Visits is a weighted average of total visits for the initial path and the rescue path among effectively treated patients: $((\text{initial-stage effective treatment rate} \times \text{initial visits}) + ((\text{initial-stage initiation rate} \times (1 - \text{initial-stage adherence rate}) \times \text{non-compliance-stage effective treatment rate}) \times (\text{initial visits} + \text{rescue visits}))) \div \text{total effective treatment rate} = ((35.325\% \times 6) + ((60.8\% \times (1 - 58.1\%) \times 19.98\%) \times (6 + 4))) \div 40.415\% = 6.504$ visits, displayed as “6.5 Visits”.
- 37 **Initial stage: Time to Treatment (TTT)** carries forward the source value of 32 Weeks. Non-compliance stage: Time to Treatment (TTT) carries forward the source value of 13 Weeks²⁶. Total: Time to Treatment (TTT) is a weighted average of the initial path and the rescue path among effectively treated patients: $((\text{initial-stage effective treatment rate} \times \text{initial weeks}) + ((\text{initial-stage initiation rate} \times (1 - \text{initial-stage adherence rate}) \times \text{non-compliance-stage effective treatment rate}) \times (\text{initial weeks} + \text{rescue weeks}))) \div \text{total effective treatment rate} = ((35.325\% \times 32) + ((60.8\% \times (1 - 58.1\%) \times 19.98\%) \times (32 + 13))) \div 40.415\% = 33.637$ weeks, displayed as “34 Weeks”.

References

- 38 **Initial Stage: Effective Treatment Rate** carries forward the source value of 35%⁵. Non-compliance stage: Effective Treatment Rate carries forward the source value of 19.980%. Deck display: “20%²⁵”. Total: Effective Treatment Rate is calculated with Effective Treatment Rate + (Initiation Rate × (1 – Adherence Rate) × Effective Treatment Rate). Inputs: Effective Treatment Rate = 35.325%; Initiation Rate = 60.8%; Adherence Rate = 58.1%; Effective Treatment Rate = 19.98%. The result is 40.415% (40.4% shown). Deck display: “40%”.
- 39 **Initial Stage: Physician Cost / Effective Treatment** is calculated with Physician Cost (Expected) ÷ Effective Treatment Rate. Inputs: Physician Cost (Expected) = \$566.15; Effective Treatment Rate = 35.325%. The result is \$1,602.70. Deck display: “\$1,603¹⁰”. Non-compliance stage: Physician Cost / Effective Treatment is calculated with Physician Cost (Expected) ÷ Effective Treatment Rate. Inputs: Physician Cost (Expected) = \$286.12; Effective Treatment Rate = 19.98%. The result is \$1,432.03. Deck display: “\$1,432²⁸”. Total: Physician Cost / Effective Treatment is calculated with Physician Cost (Expected) ÷ Effective Treatment Rate. Inputs: Physician Cost (Expected) = \$639.04; Effective Treatment Rate = 40.415%. The result is \$1,581.20. Deck display: “\$1,581”.
- 40 **Initial Stage: DME / Effective Treatment** is calculated with (((DME Cost – Adherent Outcome × Adherence Rate) + (DME Cost – Non-Adherent Outcome × (1 – Adherence Rate))) × Initiation Rate) ÷ Effective Treatment Rate. Inputs: DME Cost – Adherent Outcome = \$3,883.00; Adherence Rate = 58.1%; DME Cost – Non-Adherent Outcome = \$1,260.00; Initiation Rate = 60.8%; Effective Treatment Rate = 35.325%. The result is \$4,791.67. Deck display: “\$4,792¹²”. Non-compliance stage: DME / Effective Treatment is calculated with (((DME Cost – Adherent Outcome × Adherence Rate) + (DME Cost – Non-Adherent Outcome × (1 – Adherence Rate))) × Initiation Rate) ÷ Effective Treatment Rate. Inputs: DME Cost – Adherent Outcome = \$2,200.00; Adherence Rate = 74%²⁴; DME Cost – Non-Adherent Outcome = \$2,200.00; Initiation Rate = 27%²³; Effective Treatment Rate = 19.98%. The result is \$2,972.97. Deck display: “\$2,973²⁹”. Total: DME / Effective Treatment is calculated with (((DME Cost – Adherent Outcome × Adherence Rate) + (DME Cost – Non-Adherent Outcome × (1 – Adherence Rate))) × Initiation Rate) ÷ Effective Treatment Rate. Inputs: DME Cost – Adherent Outcome = \$3,829.73; Adherence Rate = 66.472%; DME Cost – Non-Adherent Outcome = \$1,453.00; Initiation Rate = 60.8%; Effective Treatment Rate = 40.415%. The result is \$4,562.62. Deck display: “\$4,563”.
- 41 **Initial Stage: DME / Total / Effective Treatment** is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: \$1,602.70 + \$4,791.67 = \$6,394.37. Deck display: “\$6,394⁴¹”. Non-compliance stage: Total / Effective Treatment is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: \$1,432.03²⁸ + \$2,972.97 = \$4,405.01. Deck display: “\$4,405³⁰”. Total: Total / Effective Treatment is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: \$1,581.20³⁹ + \$4,562.62 = \$6,143.83. Deck display: “\$6,144”. Initiation Rate = 60.8%; Effective Treatment Rate = 40.415%. The result is \$4,562.62. Deck display: “\$4,563”.
- 42 **Total Visits** is a weighted average of total visits for the initial path and the rescue path among effectively treated patients: ((initial-stage effective treatment rate × initial visits) + ((initial-stage initiation rate × (1 – initial-stage adherence rate) × non-compliance-stage effective treatment rate) × (initial visits + rescue visits))) ÷ total effective treatment rate = ((67.025% × 2) + ((87% × (1 – 77.04%) × 69.948%) × (2 + 1))) ÷ 80.997% = 2.173 visits, displayed as “2.2 Visits”.

References

- 43 **Initial Stage: Time to Treatment (TTT)** carries forward the source value of 2 Weeks. Non-compliance stage: Time to Treatment (TTT) carries forward the source value of 1 Week. Total: Time to Treatment (TTT) is a weighted average of the initial path and the rescue path among effectively treated patients: $((\text{initial-stage effective treatment rate} \times \text{initial weeks}) + ((\text{initial-stage initiation rate} \times (1 - \text{initial-stage adherence rate}) \times \text{non-compliance-stage effective treatment rate}) \times (\text{initial weeks} + \text{rescue weeks}))) \div \text{total effective treatment rate} = ((67.025\% \times 2) + ((87\% \times (1 - 77.04\%) \times 69.948\%) \times (2 + 1))) \div 80.997\% = 2.173 \text{ weeks, displayed as "2 Weeks"}$.
- 44 **Initial Stage: Effective Treatment Rate** carries forward the source value of 67%¹⁵. Non-compliance stage: Effective Treatment Rate carries forward the source value of 69.95%. Deck display: "70%³¹". Total: Effective Treatment Rate is calculated with $\text{Effective Treatment Rate} + (\text{Initiation Rate} \times (1 - \text{Adherence Rate}) \times \text{Effective Treatment Rate})$. Inputs: Effective Treatment Rate = 67.025%; Initiation Rate = 87%; Adherence Rate = 77.04%; Effective Treatment Rate = 69.948%. The result is 80.997% (81.00% shown). Deck display: "81%".
- 45 **Initial Stage: Physician Cost / Effective Treatment** carries forward the source value of \$466.95. Deck display: "\$46718". Non-compliance stage: Physician Cost / Effective Treatment carries forward the source value of \$0.00³³. Total: Physician Cost / Effective Treatment is calculated with $\text{Physician Cost (Expected)} \div \text{Effective Treatment Rate}$. Inputs: Physician Cost (Expected) = \$312.97; Effective Treatment Rate = 80.997%. The result is \$386.40. Deck display: "\$386".
- 46 **Initial Stage: DME / Effective Treatment** carries forward the source value of \$3,416.80. Deck display: "\$3,417²¹". Non-compliance stage: DME / Effective Treatment carries forward the source value of \$2,736.32³⁴. Total: DME / Effective Treatment is calculated with $((\text{DME Cost} - \text{Adherent Outcome} \times \text{Adherence Rate}) + (\text{DME Cost} - \text{Non-Adherent Outcome} \times (1 - \text{Adherence Rate}))) \times \text{Initiation Rate} \div \text{Effective Treatment Rate}$. Inputs: DME Cost - Adherent Outcome = \$3,071.72; Adherence Rate = 93.1%; DME Cost - Non-Adherent Outcome = \$3,072.32; Initiation Rate = 87%; Effective Treatment Rate = 80.997%. The result is \$3,299.42. Deck display: "\$3,299".
- 47 **Initial Stage: Total / Effective Treatment** carries forward the source value of \$3,883.75. Non-compliance stage: Total / Effective Treatment carries forward the source value of \$2,736.32³⁵. Total: Total / Effective Treatment is the sum of Physician Cost / Effective Treatment and DME / Effective Treatment: $\$386.40^{45} + \$3,299.42^{46} = \$3,685.81$. Deck display: "\$3,686".
- 48 **Traditional: Total Visits** carries forward the source value of 6.5 Visits³⁸. Sleep360: Total Visits carries forward the source value of 2.2 Visits⁴⁴. Improvement: Total Visits converts the numeric difference (4.3) into readable text. Because the value is positive, the cell displays "4.3 Fewer Visits".
- 49 **Traditional: Time to Treatment (TTT)** carries forward the source value of 34 Weeks³⁷. Sleep360: Time to Treatment (TTT) carries forward the source value of 2 Weeks⁴³. Improvement: Time to Treatment (TTT) converts the numeric difference (32) into readable text. Because the value is positive, the cell displays "32. Weeks Faster". Deck display: "32 Weeks Faster".

References

- 50 **Traditional: Effective Treatment Rate** carries forward the source value of 40.4%. Sleep360: Effective Treatment Rate carries forward the source value of 81.00%. Improvement: Effective Treatment Rate converts the percentage-point difference (40.582 percentage points) into the display text “+40.6 percentage pts”. Deck display: “+41 percentage pts”.
- 51 **Traditional: Physician Cost / Effective Treatment** carries forward the source value of \$1,581.20. Deck display: “\$1,581³⁹”. Sleep360: Physician Cost / Effective Treatment carries forward the source value of \$386.40⁴⁵. Deck display: “\$386”. Improvement: Physician Cost / Effective Treatment formats the numeric cost difference (\$1,194.81) into readable text. Because the difference is positive, the cell displays “\$1,195 Lower”.
- 52 **Traditional: DME / Effective Treatment** carries forward the source value of \$4,562.62. Deck display: “\$4,563⁴⁰”. Sleep360: DME / Effective Treatment carries forward the source value of \$3,299.42. Deck display: “\$3,299⁴⁶”. Improvement: DME / Effective Treatment formats the numeric cost difference (\$1,263.21) into readable text. Because the difference is positive, the cell displays “\$1,263 Lower”.
- 53 **Traditional: Total / Effective Treatment** carries forward the source value of \$6,143.83. Deck display: “\$6,144⁴¹”. Sleep360: Total / Effective Treatment carries forward the source value of \$3,685.81. Deck display: “\$3,686⁴⁷”. Improvement: Total / Effective Treatment formats the numeric cost difference (\$2,458.01) into readable text. Because the difference is positive, the cell displays “\$2,458 Lower”.
- 54 **Traditional: Total Care Cost per 1,000 Untreated Patients** is calculated with $((1 - \text{Effective Treatment Rate}) \times 1000) \times \text{Total Care Cost Savings Adherent vs. Non-Adherent}$. Inputs: Effective Treatment Rate = 40.415%; Total Care Cost Savings Adherent vs. Non-Adherent = \$4,487.00⁴. The result is \$2,673,590.39. Deck display: “\$2,673,590”. Sleep360: Total Care Cost per 1,000 Untreated Patients is calculated with $((1 - \text{Effective Treatment Rate}) \times 1000) \times \text{Total Care Cost Savings Adherent vs. Non-Adherent}$. Inputs: Effective Treatment Rate = 80.997%; Total Care Cost Savings Adherent vs. Non-Adherent = \$4,487.00⁴. The result is \$852,662.24. Deck display: “\$852,662”. Improvement: Total Care Cost per 1,000 Untreated Patients formats the numeric cost difference (\$1,820,928.16) into readable text. Because the difference is positive, the cell displays “\$1,820,928 lower”.



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