Positive Airway Pressure (PAP)

Customer Handbook
Positive Airway pressure (PAP) is a therapy that your provider has prescribed to treat your breathing problems you experience while sleeping. This is a therapy that you may need the rest of your life to reduce symptoms from your sleep disorder. PAP therapy is a treatment, not a cure for sleep disordered breathing.

- Obstructive Sleep Apnea (OSA) is the most common sleep disorder and occurs when throat muscles relax and block breathing.
- Central Sleep Apnea (CSA) occurs when your brain doesn’t send proper signals to the muscles that control breathing.
- Complex sleep apnea, which is when you have both central and obstructive disorders.

Symptoms you may experience if you have OSA or a sleep disorder:
- Difficulty concentrating
- Headaches in the morning
- Heart and blood vessel problems like high blood pressure (hypertension), heart failure or stroke
- Sexual dysfunction
- Car accidents
- Daytime sleepiness
- Loud snoring
- Dry mouth and throat in the morning
- Shortness of breathe when waking up
- Changes in breathing patterns

OSA and sleep disorders affect many people. It is more common in men than women and women are more likely to experience after menopause. The following are factors that may make you more likely to get sleep apnea:
- Being overweight
- Previous or current smoking or tobacco use
- Using alcohol
- The structure of your face and nasal passages
- Certain medical conditions
- Family history of sleep disorders

PAP therapy, including the use of the device and interface, frequently takes time to become accustomed to. Things to remember when using your PAP device:
- Your attitude affects your therapy and success
- Most people take a month or two to adjust and settle into their PAP therapy
- If you use your device every night for 4 hours or more, most people feel better rested, no longer snore when using the device, experience reduced daytime sleepiness, better heart function, improved blood pressure and overall quality of life may improve.

If you have specific questions regarding your diagnosis, please contact your treating provider.

There are different modes and devices that your provider may prescribe based on your individual need and sleep study (PSG) results. Each device looks very similar, but works slightly different. Each will have an air blower, tubing, interface and humidifier. Your provider may suggest you need Positive Airway Pressure (PAP); which is a device that will provide positive pressure during inhale and exhale. You may be prescribed a single pressure or a range that will start low and increase during sleep as needed, based on your airway. Some patients may require a BiLevel positive airway pressure (BiPAP) device which has additional therapy settings. Your provider will determine and prescribe the appropriate therapy and device as needed.
How PAP Therapy Works

Positive airway pressure (PAP) therapy uses filtered room air to pressurize the air you breathe through your PAP device. Your machine is set at a pressure prescribed by your provider and the use of the PAP device and pressure may take some time to get used to. Your PAP machine is set at a pressure prescribed by your provider, which will take some time to get used to. Your ramp feature and rise time setting within your machine are settings that can be used to make therapy more comfortable.

The below pictures show your airway anatomy and the normal airflow. If you have OSA, when you fall asleep your muscles and tongue relax creating blockage of your airway. The pressure through your PAP device pushes your blocked airways open, making it easier to breathe.

Rental Information

- The Mayo Clinic Store will provide PAP equipment/supplies per your providers order within insurance limitations.
- Depending upon your insurance coverage, your PAP equipment may be billed as a purchase or rental. You may be financially responsible for any charges not paid by insurance, which may include co-pays or deductibles.
- The Mayo Clinic Store retains ownership of all rental PAP equipment until the rental period is complete. Once the rental period has ended the PAP equipment ownership will transfer to the patient.
- Contact your Mayo Clinic Store right away if you are admitted to a hospice service or transfer to a nursing home.
- Mayo Clinic Store requires you to provide a credit card on file to dispense any rental equipment.
- You are responsible for the safe use of the PAP equipment.
- The Mayo Clinic Store supports the manufacturer warranty. Your insurance may cover repairs after the warranty period expires. Please contact the Mayo Clinic Store in the event your PAP device is lost, stolen or damaged.
- Any damage to rentals returned to the Mayo Clinic Store may incur additional charges. (Examples include damage due to smoking materials, water, etc.)
Warranty Information

- PAP equipment is warrantied according to the manufacturer’s guidelines.
- Warranties may be voided due to water, smoke damage, or neglect.
- Warranties are subject to manufacturer defect and will not be guaranteed if the product is unusable due to neglect or mistreatment.

Positive Airway Pressure (PAP) Devices

STANDARD DEVICE FEATURES

- Easy to read PAP therapy usage display
- Device and humidifier manufacturer’s warranty (See Owner’s Manual for details)
- DC power available options
- Heated tubing accessories
- Built-in comfort features
- Wireless modems for therapy data sharing with your provider

PAP Accessories/Comfort Accessories

COMFORT ACCESSORIES

- Tubing
  - Heated: Has a built in coil to keep the air temperature warm from the device to you. These built in coils also reduce tubing condensation.
  - Non-Heated: Less expensive option that does not regulate the air temperature coming from the device to you.
- Chin Straps
  - Helps reduce leakage of air through your mouth by ensuring the mouth remains closed during sleep, a common problem with nasal mask users.
- PAP Pillow
  - Designed for side sleepers to help reduce mask shifting by minimizing pressure on the face and provide better head neck and shoulder comfort.
- Mask Liners
  - Help reduce mask noise, leaks and prevents skin redness and irritation.
- Nasal Pads
  - Help reduce skin irritation, mask leaks and facial sores around your nose.
- Nasal Lubricant
  - Help reduce or prevent chafing, irritation, dryness or cracking from using a PAP mask. Nasal lubricants should be petroleum-free which reduces mask breakdown and are safe for patients with nighttime oxygen.
- Eye Shields
  - Help reduce dry eyes and discomfort from PAP mask air leaks into the eyes.

TRAVEL ACCESSORIES

- Portable PAP devices
- External Battery
- External battery options that are useful when electricity is unavailable.
- Voltage Adapters
- Universal electrical plug to support international travel.

CLEANING ACCESSORIES

- Mask Cleaning Wipes
  - Specifically formulated wipes effective for cleaning and maintaining all types of PAP masks.
- Tubing Cleaner Brushes
  - 6’ long tubing brush to more efficiently clean both heated and non-heated tubing.
- Mayo Clinic Store offers ozone cleaning devices. Please ask for details and discuss with your provider.
PAP Mask Options

NASAL MASK
• Nasal masks are less invasive than other mask types.
• Nasal masks are ideal for individuals who:
  • Breathe through their nose (nasal breathers).
  • Have a lower prescribed PAP device pressure setting.
  • May feel claustrophobic when wearing a full face mask.
• Nasal masks may not work as well for patients who:
  • Have certain types of facial structure or dentures.
  • Have facial hair.
• Chin straps may be used to reduce leaks for mouth breathers.
• Depending on how you sleep, nasal masks may result in dry mouth due to air flow leakage through the mouth.

NASAL PILLOW MASK
• Nasal pillow masks are the lightest weight and least invasive form of PAP mask.
• Nasal pillow masks are ideal for individuals who:
  • Breathe through their nose (nasal breathers).
  • Have a lower prescribed PAP device pressure setting.
  • May feel claustrophobic when wearing a full face mask.
  • Toss and turn in their sleep.
  • Are concerned about skin irritation or discomfort on the bridge of the nose.
• Nasal pillow masks may not work as well for patients who have facial hair.

FULL FACE MASK
• Full face masks completely enclose the nose and mouth.
• Full face masks are the most commonly utilized masks.
• Full face masks are ideal for individuals who:
  • Need a mask that covers their nose and mouth to reduce potential for airflow leak through their nose and mouth.
  • Have a higher prescribed PAP device pressure setting.
  • Breathe through their mouth or have a deviated septum.
• Full face masks may not work as well for patients who:
  • Sleep on their side or change sleep positions frequently.
  • Have certain types of facial structure or dentures.
• Full face masks may require additional adjustment than other mask types.

MASK FITTING
Our goal is to determine the best mask interface for you during your initial sleep therapy set-up. We promise to educate you on the proper way to use the mask interface and offer suggestions to be successful. If within the first 30 days of starting therapy you feel the mask is not offering the best fit, we will work with you to ensure a proper fitting mask based upon data from your current sleep device usage.
Sleep Apnea Equipment Cleaning

These instructions are a guide for cleaning your PAP equipment. Refer to the instruction manual that comes with your equipment for specific manufacturer recommendations.

SUPPLIES NEEDED
- Mild liquid dish detergent (for example: Ivory, Joy)
- Sink or basin
- Clean hand towel
- Device to hang tubing (for example: shower bar, towel rack, back of a chair)
- White vinegar

MASK
Wash daily. Natural body oils on your face can wear down the mask, which can cause a poor mask-to-face seal.

1. Remove the headgear from the mask.
2. Wash the mask in warm soapy water.
3. Rinse the mask under running water.
4. Shake off excess water.
5. Place the mask on a clean hand towel to air-dry or use the hand towel to dry the mask.

* In lieu of steps 1 through 5, use an approved mask cleaning wipe and allow to air dry (see page 3).

NASAL PILLOWS
Wash daily.

1. Remove the nasal pillows from frame.
2. Wash the nasal pillows in warm soapy water.
3. Rinse the nasal pillows under running water.
4. Shake off excess water.
5. Place the nasal pillows on a clean hand towel to air-dry or use the hand towel to dry the nasal pillows.

* In lieu of steps 1 through 5, use an approved mask cleaning wipe and allow to air dry (see page 3).

HUMIDIFIER
Water or moisture that sits in the water chamber when not in use readily begins to grow mold and fungal material. When these are blown with pressure through your nose, it can trigger allergies, rhinitis (clear, runny nose) and congestion. This makes tolerating PAP difficult.

1. Daily empty the humidifier tub and wipe it thoroughly with a clean cloth. Allow it to dry out of direct sunlight.
2. Weekly wash water chamber reservoir in the dishwasher if the water chamber instruction manual says it is safe to do so and you have a dishwasher. Otherwise, follow steps 3 to 6.
3. Wash the inside of the water chamber with warm soapy water or a solution with a ratio of 1 part vinegar and 9 parts water at room temperature.
4. Rinse the inside of the water chamber thoroughly.
5. Pour out excess water.
6. Use a clean hand towel to wipe the outside of the water chamber and allow the inside of the water chamber to air-dry.

TUBING (HEATED & NON HEATED)
Wash weekly.

1. Separate tubing from the PAP unit and mask or nasal pillows.
2. Wash the tubing in warm soapy water.
3. Rinse the tubing under running water.
4. Shake off excess water.
5. Allow tubing to air-dry by hanging it so that water will drain out. Tubing also can be dried by reattaching it to the PAP unit and turning the unit on for several minutes.

* If using heated tubing, assure that electronic contacts are dry before reconnecting to your PAP device.

HEADGEAR
Wash weekly.

1. Close the Velcro tabs so that they do not accumulate lint from the drying towel.
2. Hand wash the headgear in warm soapy water. Do not wash the headgear in the clothes washer.
3. Rinse headgear thoroughly.
4. Place the headgear on a clean hand towel to air-dry or use the hand towel to dry the headgear. Do not dry the headgear in the clothes dryer.
Troubleshooting Common Issues

“MY MASK LEAKS.”
Possible causes are:
- Mask not positioned correctly
- Mask is the wrong size for you
- Body position is affecting the mask
People who sleep on the side can roll the end of the pillow so it is off the cheek. If you need to come in to be refitted for a different mask, bring along your mask and PAP equipment.

“TOO MUCH PRESSURE!”
Many people need a bit of time to be comfortable with PAP. Ask for advice if you need reassurance or additional instruction.

“My Nose Is Uncomfortable” — “I Have a Dry Throat.”
- Review your humidifier use; you may need to increase the setting
- A chinstrap may be needed to prevent mouth breathing
- If snoring is occurring, contact your provider

“I Have a Head Cold. Can I Use My PAP?”
- You may need to seek the advice of your provider; PAP can be uncomfortable under these conditions
- Generally, you can use your PAP; consider using your humidifier and perhaps increase the setting to the next number

“My Skin Is Red or Breaking Down.”
- Headgear too tight
- Use just enough tension on the headgear to effect a seal
- Irritation or allergic reaction
- Use a barrier such as cotton or moleskin in the affected area; you may need to see your provider
- Sometimes a mask of different materials will help alleviate...
PAP Supplies

HOW TO OBTAIN PAP SUPPLIES
You may obtain replacement supplies by contacting the Mayo Clinic Store where you obtained your device or our Mail Order department.

Medicare or your insurance company may require documentation demonstrating compliance for replacement sleep apnea supplies. You can call your insurer regarding your specific coverage criteria.

Order by Telephone
Call toll-free 888-303-9354 prompt #1. Our customer service representatives are available Monday through Friday, from 8 a.m. to 5 p.m. Central time. Please have your insurance information and/or preferred method of payment available (accepted credit cards are Visa, MasterCard, American Express and Discover).

Shipping and Handling (Continental U.S.)
Orders totaling up to $125 will have a flat $9.95 shipping charge (bulk items extra). Orders of more than $125, or billed to insurance, will be shipped free of charge.

We can provide premium shipping services including next day and second day. Charges for premium shipping services will be added to the invoice. International orders will be charged according to the destination.

WHY SHOULD YOU OBTAIN REPLACEMENT PAP SUPPLIES REGULARLY?
• Masks get brittle and dirty from continued use.
• Bacteria will build up inside the tubing and mask.
• If you are ill while using your sleep apnea device, you will need to get new supplies once you are feeling better; viruses are known to stay alive in moist and confined areas for several weeks.
• Disposable supplies are not intended to be used indefinitely.
• Oils from your skin will cause the mask to lose elasticity, which you will compensate for by over tightening the straps; this may ultimately result in your facial skin breaking down.
• Mask leaks will cause a loss of pressure and you will lose the benefits of your sleep apnea therapy.
• Your skin may break down from continued use of a dirty mask.

HOW OFTEN MAY I REPLACE PAP SUPPLIES?
The chart below is a guide as to the frequency Medicare and Medical Assistance (Minnesota or Wisconsin) may replace your disposable supplies, which may be different from commercial carrier’s standards. HCPCS Code is a reference to the codes that Medicare uses to identify products.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>ITEM</th>
<th>MEDICARE SCHEDULE</th>
<th>MN MEDICAID SCHEDULE</th>
<th>WI MEDICAID SCHEDULE</th>
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<tbody>
<tr>
<td>A7046</td>
<td>Humidifier Chamber</td>
<td>1 per 6 months</td>
<td>1 per 6 months</td>
<td>Varies (1-4 per month)</td>
</tr>
<tr>
<td>A7039</td>
<td>Washable Filter</td>
<td>1 per 6 months</td>
<td>1 per 6 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7038</td>
<td>Disposable Filter (Ea)</td>
<td>2 per month</td>
<td>1 per 3 months</td>
<td>2 per month</td>
</tr>
<tr>
<td>A7037</td>
<td>Tubing</td>
<td>1 per 3 months</td>
<td>1 per 3 months</td>
<td>2 per 3 months</td>
</tr>
<tr>
<td>A7036</td>
<td>Chinstrap</td>
<td>1 per 6 months</td>
<td>1 per 6 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear</td>
<td>1 per 6 months</td>
<td>1 per 6 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7034 &amp; A7035</td>
<td>Nasal Pillow Kit w/Headgear</td>
<td>1 per 6 months</td>
<td>1 per 6 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal Mask</td>
<td>1 per 3 months</td>
<td>1 per 6 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7033</td>
<td>Nasal Pillows</td>
<td>2 per month</td>
<td>1 per 2 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7032</td>
<td>Nasal Mask Cushion</td>
<td>2 per month</td>
<td>1 per 2 months</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7031</td>
<td>Full Face Mask Cushion</td>
<td>1 per month</td>
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<td>Full Face Mask</td>
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<tr>
<td>A4604</td>
<td>Tubing With Heating Element</td>
<td>1 per 3 months</td>
<td>1 per 3 months</td>
<td>No Coverage</td>
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</table>

Medicare and Medical Assistance require that we document that the person is continuing to use the sleep apnea device, the products need to be replaced due to damage or wear and that the recipient is not receiving home health care or is not in a skilled nursing facility.
Insurance Claims: Filing and Billing

The Mayo Clinic Store will file claims to your insurance on your behalf. However, we typically require the following supporting documentation.

• Treating provider prescription
• Home or in-facility sleep study demonstrating qualifying need for therapy equipment
• Face to Face visit documentation with your treating provider; this visit should indicate symptoms indicating the necessity of the sleep study
• Insurance information

Switching DME Suppliers

If you would like to obtain supplies from Mayo Clinic Store, we will need the following information in order to send the items to your insurance:

• A current prescription
• Copy of home or in-facility sleep study demonstrating a qualifying need for therapy equipment
• Face to face provider visit documentation demonstrating the reason the original sleep study was indicated
• Insurance information
• Purchase date of PAP device and supplies

Billing

Charges for PAP equipment and supplies will be submitted separately from your professional or hospital charges. If you have questions or concerns about your PAP equipment or supplies bill, please call our Mayo Clinic Store Business Office at 888-303-9354 prompt #2. The patient is responsible for amounts not covered by insurance.

Continued PAP Use

For continued coverage of your PAP device and ongoing supplies, many insurances require documentation of compliance and usage. If you do not meet the compliance requirements, you may be required to return the device or be billed for any remaining balance.

Some manufacturers have programs available to help users remain compliant and have better results using their device. In addition, Mayo Clinic Store may contact you regarding compliance issues to assist you in the use of your equipment.

Beneficiaries Entering Medicare

A person who was receiving supplies under commercial insurance and is transitioning to Medicare coverage must have a face-to-face evaluation by the treating provider after having first signed up for Medicare. The provider must document specific information in the medical record and we must have this information in our files before we can submit supplies for Medicare coverage. A detailed prescription is required to provide supplies and to bill Medicare insurance.
Home Safety Information

E.D.I.T.H - Exit Drills In The Home Fire Safety Information

**DRAW** a floor plan of your home and mark two ways out of every room, especially the bedrooms. Go over these escape routes with every member of your household.

**AGREE** on a meeting place outside your house where every member of the household will meet after escaping a fire and wait there for the fire department to arrive. This lets you count heads to make sure everyone is there and to tell the fire department if anyone is missing.

**PRACTICE** your escape plan at least a couple times a year. Hold a fire drill in your home. Appoint someone to be a monitor and have everyone take part in the drill. A fire drill is not a race, but practice to get out quickly...remember to be careful.

**MAKE** your fire drill realistic...pretend that some exits are blocked by fire and practice getting out different escape routes. Pretend that the lights are out and that some escape routes are getting smoke in them.

**SMOKE ALARMS WITH WORKING SMOKE DETECTORS**
— Cuts your risk of dying in a home fire almost in half. Install Smoke Detectors outside of every bedroom and on every level of your home including the basement. Follow the installation instructions carefully. Change Smoke Detector batteries at least once every year.

Home Fall Prevention Checklist

Each year, thousands of older Americans fall at home. Many of them are seriously injured and some are disabled. Falls are often due to hazards that are easy to overlook but easy to fix. This checklist will help you find and fix those hazards in your home. The checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you’ll find other tips for preventing falls.

- **FLOORS:** Have a clear path from room to room.
- **STAIRS AND STEPS:** Fix loose or uneven steps; make sure carpet is firmly attached to every step.
- **KITCHEN:** Move items in your cabinets; keep things you use often on the lower shelves (about waist level), if you must use a step stool, get one with a bar to hold on to; never use a chair as a step stool.
- **BATHROOMS:** Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower; consider putting grab bars inside the tub and next to the toilet.
- **BEDROOMS:** Put in a night-light so you can see where you’re walking; some night-lights go on by themselves after dark.

**OTHER THINGS YOU CAN DO TO PREVENT FALLS:**
- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines; some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor; poor vision can increase your risk of falling.
- Think about wearing an alarm device that will bring help in case you fall and can’t get up.
Other Home Safety Tips: PAP Devices

- Manufacturers recommend that PAP devices be plugged into grounded outlets directly using the manufacturer provided cord that is free of any breaks or frayed endings.
- It is not recommended to use a surge bar or extension cord.
- Manufacturers also recommend keeping the cord away from hot surfaces to avoid damage.
- Do not immerse the devices, power supply, or cord into water or spill liquids onto the device.
- Never attempt to do self-maintenance on the device.
- Contact the Mayo Clinic Store if the power supply or cord becomes hot to the touch.

Preparing for an Emergency

All states have disasters. It is smart to prepare for the unexpected. Before a disaster, learn how you will know there is an impending hazardous event. Familiarize yourself with the signs of events that come without warning and know the local advance alerts and warnings and how you will receive them. Knowing about the local emergency plans for shelter and evacuation and local emergency contacts will help you develop your household plan and will also aid you during a crisis.

1 Make your Emergency Kit. You can start with the basics and add on over time.

2 Make a Family Communications Plan. If you are separated and cannot get in touch with your family, each family member should call the same contact. Have an emergency contact in your local area, a contact out-of-state and a neighborhood meeting place.

3 Make a Family Evacuation Plan. In an emergency you may need to leave your home quickly. Make sure everyone knows the plan. Include a plan for pets in case you need to evacuate.

4 Make a Plan for People with In-Home Needs. Consider helping neighbors who may have special needs. Identify a neighbor or family member who can help if a care provider cannot get to your family member with special needs.

**HOME EMERGENCY KIT**

- Water — at least 1 gallon per person per day
- Wired telephone
- Can opener (non-electric)
- First aid kit
- Battery powered radio
- Flashlight & battery-powered lantern
- ABC type fire extinguisher
- 3-day supply of canned or dried foods
- Smoke detectors and carbon monoxide detectors
- 3-day supply of baby food and formula
- Prescription medication
- Hand cleaner/sanitizer

In an emergency, having these few items in your home can help keep your family safe.

If you lose power, eat the food in your refrigerator first. Without power, a refrigerator should keep food at a safe temperature for about four hours.

**GRAB BAG**

- One day’s clothing and shoes for each family member
- Towels, blankets or sleeping bags
- Personal care products (diapers, feminine hygiene products)
- Flashlight and extra batteries
- Prescription medications & PAP
- Granola bars/trail mix
- Extra set of car keys
- Cash & prepaid phone card
- Copies of important documents: Medical and prescription information, passports, birth certificates, driver’s license, insurance papers, contact list of family and friends
Service Locations

The Mayo Clinic Store is available to assist with questions related to your PAP device.

Normal business hours for the Mayo Clinic Stores are Monday–Friday, 8 a.m.–5 p.m. For emergency issues that cannot wait until the next business day, contact the store where you received your equipment for further assistance.

<table>
<thead>
<tr>
<th>ARIZONA</th>
<th>MINNESOTA</th>
<th>WISCONSIN</th>
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<tbody>
<tr>
<td>PHOENIX</td>
<td>ALBERT LEA</td>
<td>EAU CLAIRE</td>
</tr>
<tr>
<td>(480) 342-4830</td>
<td>(507) 668-2913</td>
<td>(715) 838-1815</td>
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<td>AUSTIN</td>
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<td>LA CROSSE</td>
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<td>(507) 434-1266</td>
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<td>(608) 392-9797</td>
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<td>FAIRMONT</td>
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<td>MENOMONIE</td>
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<tr>
<td>(507) 238-5133</td>
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<td>(715) 838-1815</td>
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<td>MANKATO</td>
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<td>ONALASKA</td>
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<tr>
<td>(507) 594-2689</td>
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<td>OWATONNA</td>
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<td>(507) 444-5098</td>
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<td>RED WING</td>
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<tr>
<td>(651) 385-3450</td>
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<td>ROCHESTER</td>
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<tr>
<td>(507) 284-9669</td>
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</table>

For emergency assistance outside of normal business hours, call (507) 284-2511.