

Sleep Study Referral Form



Patient Information

LAST, FIRST _____
SOCIAL SECURITY # _____ EMAIL ADDRESS _____
HOME PHONE _____ HEIGHT _____ WEIGHT _____
ALTERNATE PHONE _____ DATE OF BIRTH _____ GENDER: MALE FEMALE
INSURANCE _____ AUTH _____ EXP _____

Physician Information

PRACTICE NAME _____ FIRST, LAST _____
ADDRESS _____ CONTACT NAME _____
CITY _____ STATE _____ ZIP _____ EMAIL _____
OFFICE PHONE _____ OFFICE FAX _____

Procedure Ordered

Sleep Studies

- Split Night PSG (½ night diagnostic, ½ night therapy - *most commonly ordered study*) (95811) _____ Initial for return of CPAP Titration if not completed same night
- Diagnostic PSG only (95810)
- CPAP/ BiPAP Titration, Previous Sleep Study Req. (95811)
- Adaptive Servo Ventilation Titration (95811)
- Consultation with Sleep Specialist (Circle One) Initial / Follow up
- Pediatric PSG with ETCO2 monitoring (ages 2-12) (95810)
- Maintenance Wakefulness Test (MWT)
- Multiple Sleep Latency Test (MSLT)- **Study for Narcolepsy or Level of Sleepiness**
- Split Night PSG w/ a possible MSLT- **Studies for Narcolepsy versus Sleep Apnea**

Study Indications

Study Indications (a study indication must be selected in order to process the referral)

- Witnessed Apnea (327.23)
- Narcolepsy, w/out Cataplexy (347.00)
- Insomnia (307.42) *recommend a sleep specialist consultation prior to the sleep study*
- Other _____
- Sleep Related Movement Disorder, Unspecified (780.58)
- Excessive Daytime Sleepiness, Hypersomnia (780.54)
- Unspecified, Suspected Sleep Apnea (780.57)
- Sleep Disturbance, Unspecified (780.55)
- Unless this box is checked, Arété Sleep Health and Arété Sleep Therapy are authorized to contact patient regarding compliance services and products.

M.D./D.O. Signature _____ Date _____

"By signing you are attesting you have seen this patient face-to-face and have patient notes on file that support the indicators selected above. For Medicare patients, you are attesting the face-to-face evaluation met all applicable Medicare statutory and regulatory requirements."

Please fax this Sleep Study Order Form along with a copy of the insurance card (both sides) to Arété

Fax 1.877.300.2738 Phone 1.877.RX.ARETE (1.877.792.7383)