



Sleep Study Order In Lab & At Home

Promoting Better Sleep Health For Over 20 Years



FAX: (775) 851-8288

*** Phone (775) 851-8282 ***

10655 Professional Circle, Suite B • Reno NV 89521



Patient Name: _____ D.O.B.: _____ Date: _____

Phone Number: _____ Height: _____ Weight: _____

Contracted Insurances

Aetna	Cigna	Humana	Principle	Tricare Military
BCBS	Hometown Health Plan	Medicaid	Prominence	Triwest Healthcare Alliance
CDS Health Group	HPN Smart Choice	Medicare	Silver Summit	United Healthcare

Most Private PPO's and Most Union Plans

FAX THIS FORM WITH:

- Clinical notes that support medical necessity
- Copy of the current insurance card and demographics
- Copy of most recent sleep study if not conducted by NSD

Study / Therapy Ordered:

- | | |
|---|---|
| <input type="checkbox"/> Diagnostic Sleep Study (PSG) 95810, followed by another night for CPAP titration study 95811 if positive for sleep apnea | <input type="checkbox"/> Diagnostic Sleep Study (PSG) 95810 |
| <input type="checkbox"/> Split Night Study 95811 | <input type="checkbox"/> Home Sleep Apnea Test (HSAT) 95806 |
| <input type="checkbox"/> CPAP Titration 95811 | <input type="checkbox"/> Home Sleep Apnea Test (HSAT) 95806 while on CPAP |
| <input type="checkbox"/> Overnight Pulse Oximetry 94762 with Sleep Health Summary (\$75) | <input type="checkbox"/> CPAP Therapy Download (\$75) |

Medical Necessity – Check all boxes that apply to patient's symptoms

- | | | |
|---|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Falling asleep at work | <input type="checkbox"/> Morning Headaches |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Falling asleep in the car | Special Instructions _____ |
| <input type="checkbox"/> Witnessed Apnea | <input type="checkbox"/> Cognitive Dysfunction | _____ |

DOCTOR'S SIGNATURE

CONTACT PERSON'S NAME

DOCTOR'S PRINTED NAME & (N.P.I.):

TELEPHONE No. EXT / FAX No.