



SLEEP STUDY INSTRUCTIONS

Thank you for referring your patient to the Bon Secours Sleep Disorder Institute. The Sleep Institute is conveniently located on the 2nd floor and is fully equipped to provide the highest quality diagnostic service to physicians in this area. In order to facilitate proper scheduling and testing, please follow the instructions below for completing the following enclosed forms: History & Physical form, Insurance Study & Request form and the Epworth Sleepiness Scale. For your convenience, **please make copies for future use.**

Please be advised that the test requested will need approval from the Sleep Disorder Institute director to ensure that the appropriate test is being ordered.

History & Physical form (Note: The signature of requesting doctor and date must be on the History and Physical form. Also, please be sure to include the patient's allergies).

- A. Option #1 - You may choose to dictate the H&P via Good Samaritan Hospital dictation system (368-5291) and C.C. a copy to the sleep center. (For those with dictation access)
- B. Option #2 - Please fill-out enclosed form with a signature (NOT STAMPED) at the end of the form.
- C. Option #3 - An office H&P with appropriate working diagnosis and test requested related to the sleep test ordered. Please indicate follow-up information and referring physicians' information so a copy of the test will be forwarded to the appropriate office(s).

Insurance & Study Request form

- A. Complete the patient information.
- B. A copy of the patient's insurance card (front & back).
- C. Pre-certification portion filled out and authorization approval obtained with patient's insurance company. For pre-certification, use procedure code: (95810/PSG), (95811/CPAP/SPLIT), (95805/MSLT) DX-780.53 "R/O OSA". Also, make sure that Good Samaritan Hospital is participating with patient's insurance. GSH tax ID#: 131740104. **Note: Pre-certification must be valid at the time of the sleep study.**
- D. Your patient will be called by sleep institute staff to setup the study date and pre-testing instructions will be mailed to your patient. Please fax all relevant information to sleep center at 845 368-5516. **Note: The signature of requesting doctor must be on Insurance & Study Request form (NOT STAMPED) as required by the hospital for requisition of the insurance auditors.**

If your patient requires special assistance (ie. wheel chair, special aid, etc.), please notify the sleep institute in advance.

If patient is on oxygen regularly, please indicate if the study is to be done with or without oxygen.

If you have any questions regarding our services, our direct line is 845 368-5512. We hope to hear from you soon.

Sincerely,
The Staff at the Bon Secours Sleep Disorder Institute



Insurance & Study Request Form

Patient Name: First: _____ MI: _____ Last: _____ Sex: _____ Male _____ Female

Address: _____ City: _____ State _____ Zip: _____

Phone: (H) _____ (W) _____ Date of Birth: ____/____/____ SS#: _____

Requesting MD: _____ Primary Care MD: _____

Phone: _____ Fax: _____

Please submit a photocopy of the patient's insurance card (FRONT & BACK)

Requesting MD contact person: _____ Insurance ID#: _____

Primary Ins. Carrier _____ Secondary Ins. Carrier _____

Insurance contact person: _____ Phone #: _____

Pre-Certification #: _____ Date of Precertification: ____/____/____

Test Requested:

- Polysomnography (PSG)
- Polysomnography (PSG) with Multiple Sleep Latency Test (MSLT)
- Split-Night Study
- CPAP Titration
- Polysomnography (PSG) with Seizure Montage
- CPAP Re-titration

PHYSICIAN SIGNATURE: _____ Date: ____/____/____

Office Use Only

Test Scheduled:

- Polysomnography (PSG)
- Polysomnography (PSG) with Multiple Sleep Latency Test (MSLT)
- Split-Night Study
- CPAP Titration
- Polysomnography (PSG) with Seizure Montage
- CPAP Re-titration

Date of study: _____

Assigned Medical Record #: _____

Approved by: _____

