Enhancing quality of life through comprehensive sleep remedies

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Ft. Collins CO 80525
Phone 970-286-2489

Fax: 970-682-6338

Patient Name ______________________________ M/F

DOB______________________ SS#______________________

Address ________________ City________ State_____ _____ Zip______

Phone#____________________ Preferred DME Company:____________

Type of Referral

☐ Diagnostic (Baseline) 95810 ☐ CPAP Titration 95811 ☐ Split Night 95811

☐ Consultation w/Certified Sleep Physician ☐ Diagnostic Baseline with **MSLT to follow**

☐ 2 night In-Home Sleep Study with lab titration to follow if positive for Sleep Apnea

☐ 2 night In- Home Sleep Study 95806 ☐ PAP NAP (95807)

☐ Oral Appliance follow up- in-home 95806 ☐ Oral Appliance Titration 95811 (MAS)

Diagnosis

☐ Dysfunctions associated with Sleep stages / arousals G47.8

☐ Hypersomnia G 47.10

☐ Hypersomnia w/OSA G47.30

☐ Obstructive Sleep Apnea G47.33 (Select this option for Medicare patients)

☐ Insomnia G47.00

☐ Morbid Obesity E66.01

☐ Cataplexy/ Narcolepsy G474.11

☐ Other ____________

Insurance Information

Company____________________ Phone#____________________

Policy #____________Group #________ Group Name______________

Name of Insured________________ Relation to Patient______________

Ordering Physician

Physician Name ____________________ NPI# ______________

Address: ________________________ Phone:______________

Signature:____________________ Date:_____ Fax: ____________

Please Fax: This order form with a copy of chart notes front / back of patient's Insurance card(s) to: 970-682-6338