



THE INSTITUTE REFERRAL FORM (Adult / Pediatric)

DATE OF REFERRAL: _____

PATIENT NAME: _____

TEL: _____ **ALT TEL:** _____

SEX: M or F **DOB:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

INSURANCE (PRIMARY) / POLICY #: _____ **INS. (SEC) / POLICY #:** _____

INDICATIONS for Sleep Apnea Testing
<p>STOP-BANG assessment tool for OSA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Snoring, loud <input type="checkbox"/> Tiredness/fatigue/daytime sleepiness <input type="checkbox"/> Observed apnea <input type="checkbox"/> Pressure: hypertension <input type="checkbox"/> Body mass index (BMI) > 35 kg/m²? <input type="checkbox"/> Age > 50 years? <input type="checkbox"/> Neck circumference > 15.75" (40cm)? <input type="checkbox"/> Gender = Male?
<p>Other associated medical conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sensitive occupation: _____ <input type="checkbox"/> Chronic opioid use: _____ <input type="checkbox"/> AFIB or other arrhythmia: _____ <input type="checkbox"/> Cardiovascular disease: _____ <input type="checkbox"/> Neurological disease: _____ <input type="checkbox"/> Pulmonary disease: _____ <input type="checkbox"/> Metabolic syndrome or Type 2 Diabetes (circle) <input type="checkbox"/> Other: _____
<p>Other symptoms and concerns (Parasomnias, Insomnia, Circadian Rhythm disturbance, Hypnotic dependency, Restless legs syndrome, Narcolepsy / Hypersomnolence, Nightmares, Dream enactment behavior, etc.)</p>

CONSULT AND TESTING
<p>SLEEP CONSULTATION/MANAGEMENT (Recommended)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleep Consultation & Long Term Management: Sleep Specialist to perform consultation, manage testing, treatment, and long term follow up care.
<p>SLEEP TESTING ONLY (Referring provider will manage treatment & follow up; <i>IF WOULD LIKE THE SLEEP SPECIALIST TO MANAGE THEN SELECT CONSULTATION & MANAGEMENT ABOVE</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diagnostic full-night polysomnography (No CPAP) <input type="checkbox"/> Split-night polysomnography (AASM Criteria for initiating CPAP) <input type="checkbox"/> Full night of PAP (Patient must have documented diagnosis of apnea by PSG; if no diagnosis of PSG, consider repeat PSG, split-night, or sleep consult) <input type="checkbox"/> Limited channel testing (indicated for patients with high pretest probability for OSA <u>without</u> comorbid cardiovascular disease, parasomnia activity, and/or periodic limb movements) <input type="checkbox"/> MATRx Oral appliance titration during polysomnography <input type="checkbox"/> Actigraphy <input type="checkbox"/> Other: _____

URGENCY for CONSULT/TESTING
<ul style="list-style-type: none"> <input type="checkbox"/> Not urgent <input type="checkbox"/> Urgent due to: _____

REFERRING PROVIDER INFORMATION
REFERRING PROVIDER: _____
SIGNATURE: _____
PHONE: _____ FAX: _____

PLEASE FAX COMPLETED REFERRAL FORM TO 480.745.3548 (Include a copy of the insurance card, demographics, and medical records; Prior authorization will be performed by The Institute)

8330 E Hartford Drive, Suite 100, Scottsdale, AZ 85255

Phone: 480.745.3547 / referrals@sleeplessinazona.com / sleeplessinazona.com

Thank you for the referral, Ruchir P. Patel, M.D.



INSURANCE PLANS CURRENTLY ACCEPTED

- Aetna (HMO, PPO / Medicare HMO)
 - Cofinity
- AHCCCS Plans Community Plan
 - APIPA/Personal Care Plus
 - Care1st / One Care
 - Evercare Choice / Premier / Select
 - Maricopa Health Plan / Maricopa Care Advantage
 - Kidscare
- Ancillary Care Services (ACS)
 - Beech Street
- Arizona Foundation for Medical Care
- Arizona Medical Network (AMN)
- Blue Cross Blue Shield
 - Corvel
- Cigna
 - Cigna West
 - Cigna Medicare Select HMO (AZ only)
 - Cigna Medicare
- Coventry / First Health
- HealthSmart
- Humana / Humana Choice Care
- Integrated Health Plan (IHP)
- Medicare
- Meritas Health Partners (HMO, PPO only)
- Multiplan / PHCS
- Tricare Standard (only)
- United HealthCare
 - UHC commercial
 - Ovations
 - Evercare
 - AARP Medicare Complete (Phoenix Direct & Lifeprint)
- University of Arizona Health Plans
 - University Family Care, University Care Advantage, University Health Care Group, University Healthcare Exchange, Kids Care

