



Sleep Disorder Testing
CPAP Therapy
Sleep Center Management



SLEEP STUDY ORDER FORM

MERIT SLEEP CENTERS

Phone: (630)652-7900 Fax: (630) 652-7946 Efax: 630-506-5329

SERVICE REQUEST FORM AND STATEMENT OF MEDICAL NECESSITY

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
 Address: _____
 City/State: _____
 Phone (Home): _____ (Cell): _____ (Work) _____
 Insurance Name: _____ Policy ID/Group #: _____
 Email: _____

PRESCRIBED SERVICE(S)

Please Select Your Preference for Patient Follow-Up:

- Sleep study **WITH** specialist consultation to review sleep study results and initiate appropriate therapy.
- Sleep study **WITHOUT** specialist consultation. PCP/ordering physician will review sleep study results and initiate appropriate therapy.
- Other: _____

DIAGNOSIS (REQUIRED)

- G47.33 Obstructive Sleep Apnea
- G47.11 Idiopathic Hypersomnia
- G47.31 Central Sleep Apnea, primary
- E66.2 Obesity Hypoventilation Syndrome
- G47.41 Narcolepsy
- Other _____

SYMPTOMS / MEDICAL CONDITIONS / MEDICATIONS (MUST BE COMPLETED)

Insurance requires supporting documentation for the following:

- Snoring
- Daytime sleepiness
- Witnessed apnea
- Restless legs
- Shortness of breath
- Patient is currently on oxygen
- Moderate/severe pulmonary disease
- Moderate/severe CHF
- Mood disorder
- Neuromuscular Impairment
- Cognitive impairment resulting in an inability to follow simple instructions
- Suspicion of sleep disorder other than OSA (central sleep apnea, periodic limb movement disorder, circadian rhythm disorder, parasomnias)

REPORTING RESULTS

Send copy of professional interpretation to the following:

Physician/Dentist Name: _____ Physician/Dentist Name: _____
 Phone Number: _____ Phone Number: _____
 Fax Number: _____ Fax Number: _____

I certify that the above service(s) prescribed by me is/are medically indicated and in my opinion is/are reasonable and necessary with reference to all professionally recognized medical standards and treatment of this patient's condition.

Ordering Physician

Signature

Date

Please fax this form and attachments to (630) 506-5329 or submit referrals online at www.meritsleep.com.