

PATIENT INFORMATION

Patient Name (Last, First, M.I.)				
Patient SSN - -	Patient DOB / /	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Height in.	Weight lbs.
Delivery Address		City / State / Zip		
Primary Phone # - - ext		Alternate Phone # - - ext		

INSURANCE INFORMATION

Policyholder's Name (Last, First, M.I.)			
Policyholder's SSN - -	Policyholder's DOB / /	Policyholder's Employer	Relationship to Patient
Insurance Company Name	Group/Plan #	Policy/ID #	Medicare #
Insurance Company Claims Address		City / State / Zip	
Insurance Company Phone # - - ext	Deductible Amount \$	Co-Pay Amount \$	

ORDERING PHYSICIAN

Practice Name/Institution	NPI #	Contact Name (Last, First)
Address		City / State / Zip
Phone # - - ext	Fax Test Results To »	Fax # - -
Procedure Ordered: Home Sleep Test: CPT-G0399 (Type III Monitor Records O2 Saturation, Pulse, Airflow and Chest Effort)		

DIAGNOSIS

<table> <tr> <th><input type="checkbox"/></th> <th>Code</th> <th>Description</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>327.23</td> <td>Obstructive Sleep Apnea</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> </table>	<input type="checkbox"/>	Code	Description	<input checked="" type="checkbox"/>	327.23	Obstructive Sleep Apnea	<input type="checkbox"/>	_____	_____	<p>TO COMPLETE THIS ORDER FORM:</p> <ol style="list-style-type: none"> 1. Complete the sections above (electronically or by hand) 2. Choose diagnosis code (or enter other code/description) 3. Save file and submit it using the secure online portal (or print it and submit by fax to 386-868-5010)
<input type="checkbox"/>	Code	Description								
<input checked="" type="checkbox"/>	327.23	Obstructive Sleep Apnea								
<input type="checkbox"/>	_____	_____								

I, the ordering physician, understand that by completing this form that I am ordering a Home Sleep Test for the patient listed above, of which the patient or the patient's insurer will be financially responsible for.

Note: Please review a standard "Assignment of Benefit" with patient.