



REFERRAL FORM

Thank you for choosing Sleep Centers of Middle Tennessee for your patient's sleep related issue. Once we receive the required documentation, our staff will be in contact with your patient to walk them through the process. Reports of progress will be sent to your office to keep you informed of your patient's care every step of the way. If you have questions, please call your Physician Representative or our office at 615-893-4896.

Patient Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Cell Phone Number _____ E-Mail _____

Primary Insurance _____ ID Number _____

(please include a copy of card(s))

Secondary Insurance _____ ID Number _____

Referring Physician _____ NPI _____

Office Location _____ City, State, Zip _____

Office Phone _____ Office Fax _____

Notes _____

ORDER INFORMATION: PLEASE CHOOSE ONE

Sleep Consultation

Home Sleep Test* (95800)

G47.33 Possible Obstructive Sleep Apnea

*Insurance Guidelines require a patient to have two or more of the following documented in the **PROGRESS NOTE** to qualify for a **HOME SLEEP TEST** before a sleep consultation.

Witnessed Apnea

Gasping/Choking

Habitual Loud Snoring

Excessive Daytime Sleepiness

Diagnosed Hypertension

Ordering Provider Signature _____ Date: _____

*Please note: if your patient has Medicare, TennCare, COPD, CHF/AFIB, insomnia, is prescribed narcotics, is oxygen dependent, has BMI >45, has had a previous sleep study and/or CPAP use, or certain neurological conditions (i.e. ALS, recent stroke, central sleep apnea, epilepsy, MS), a sleep consultation with one of Sleep Centers of Middle Tennessee's providers will need to be scheduled first.

**Please fax most recent progress note, demographics with insurance card, and this form to:
615-893-4821**