



Infinity Sleep Solutions

"A better night's sleep."

Phone: (602) 942-3777 Fax: (602) 942-2722



S.T.A.R.S. Healthcare

"Where patients are our priority."

Phone: (480) 282-6500 Fax: (480) 282-6500

Sleep Testing Request Form

Patient Name: _____ DOB: _____

Address: _____

Gender: M / F Patient Phone #: _____ Cell: _____

Insurance Company: _____ Secondary Ins.: _____

Please include the following with your order: Clinical Notes ■ Insurance Info/Card(s) ■ Signed Order

For your convenience Infinity Sleep Solutions/S.T.A.R.S. will obtain any prior authorization needed

Indications for Testing

- | | |
|---|--|
| <input type="checkbox"/> Obstructive Apneas/Witnessed Breathing Pauses G47.33 | <input type="checkbox"/> Habitual Choking, Gasping, or Night sweats G47.30 |
| <input type="checkbox"/> Primary Central/Complex Sleep Apnea G47.31 | <input type="checkbox"/> Central/Complex Apnea G47.61 |
| <input type="checkbox"/> Unspecified Sleep Apnea G47.30 | <input type="checkbox"/> Excessive Daytime Sleepiness G47.10 |
| <input type="checkbox"/> Hypersomnia, Unspecified G47.10 | <input type="checkbox"/> Narcolepsy G47.419 |
| <input type="checkbox"/> Excessive or Abnormal Body/Limb Movements G47.61 | <input type="checkbox"/> Other _____ |

Services/Tests Ordered

- 95810 Diagnostic PSG
- 95810 Pediatric Diagnostic PSG (No PAP administered: ETCO2 monitored - Ages 6+)
- 95811/95810 Split Night PSG with Titration (Initiate PAP if Medicare AHI >15/hr or >5/hr with qualifying 2nd DX)
- *** Initial for patient to return for a titration study if split night is unable to be performed or completed _____
- If in-lab study is denied, proceed with Home Sleep Study (HST)
- 95811 CPAP/BIPAP/ASV Titration (please circle one) - Previous diagnostic study required
- 95805 MSLT (Daytime Study - Preceding PSG required)
- 95805 MWT (Maintenance Wakefulness Test)
- 95806 Home Sleep Study (HST)
- 95807 PAP Acclimation - PAP Nap (Helpful for patients having trouble acclimating to PAP)
- 95808 3 Lead EEG Nap Study (Ideal for patients on CPAP or dental devices, previous sleep study required)
- Sleep Consultation before sleep study with a Board Certified Sleep Physician
- Follow-up Sleep Consultation after sleep study with a Board Certified Sleep Physician

Special Instructions:

The information contained in this form has been completed by me or my employee & reviewed by me.
All of the information provided is true and complete to the best of my knowledge.

Physician Practice: _____ Physician Name/Provider: _____

Office Phone: _____ Fax: _____

Handwritten Signature: _____ Date : ____ / ____ / ____ NPI: _____

Infinity Locations

S.T.A.R.S. Locations

Phoenix	Surprise	Scottsdale	Tempe	Chandler	Sun City	Estrella
15640 N. 7th St., Suite. A-1 Phoenix, AZ 85022	12133 W. Bell Rd., Suite. 101 Surprise, AZ 85378	13840 N. Northsight Blvd., Suite.117 Scottsdale, AZ 85260	3280 S. Country Club Way, Suite. 112 Tempe, AZ 85282	2350 W. Ray Rd., Suite. L101 Chandler, AZ 85224	13203 N.103rd Ave., Suite. I-7 Sun City, AZ 85351	9305 W. Thomas Rd., Suite. 465 Phoenix, AZ 85037

ACHC Accredited