

PATIENT INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Work or Cell: _____
 _____ SSN/ID#: _____
 _____ Date of Birth: _____

PROCEDURE REQUESTED

- Split PSG (initial here if second study is required to achieve appropriate PAP titration (_____) (95811)**
- Baseline PSG 95810 MWT (Prior Consult Recommended) 95805
 CPAP / Bipap Titration or recalibration 95811 MSLT (Prior Consult Recommended) 95805
 Adaptive Servo Ventilation Auto SV 95811 Home Study 95806
 Overnight Oximetry On Room air On O2 _____
 Specific criteria _____

PHYSICIAN SERVICES

- Physician Consultation (Eval. & Treat with board certified sleep physician)

DIAGNOSIS / SYMPTOMS Please check all applicable code(s)

<input type="checkbox"/>	Witnessed Apnea	780.57
<input type="checkbox"/>	OSAS (obstructive sleep apnea syndrome)	327.23
<input type="checkbox"/>	Insomnia unspecified	780.52
<input type="checkbox"/>	Hypersomnia with Apnea	327.23
<input type="checkbox"/>	Hypersomnia (Excessive daytime sleepiness) non-obstructive	327.24
<input type="checkbox"/>	Hypertension	404.90
<input type="checkbox"/>	Obesity	278.00
<input type="checkbox"/>	Primary Central Sleep Apnea	327.21
<input type="checkbox"/>	Primary Limb Movement	327.51
<input type="checkbox"/>	Snoring	786.09
<input type="checkbox"/>	OTHER SYMPTOMS (specify)	

Provider Name: _____ Date: _____
 Provider Signature: _____ Contact Name: _____
 Office Phone: _____ Office Fax: _____

PHONE (480) 610-6400 www.kemptonandnelson.com FAX (480) 964-4455

Please include copies of patient demographics, insurance card(s) and recent office notes.



Phone: (480) 610-6400

Fax: (480) 964-4455

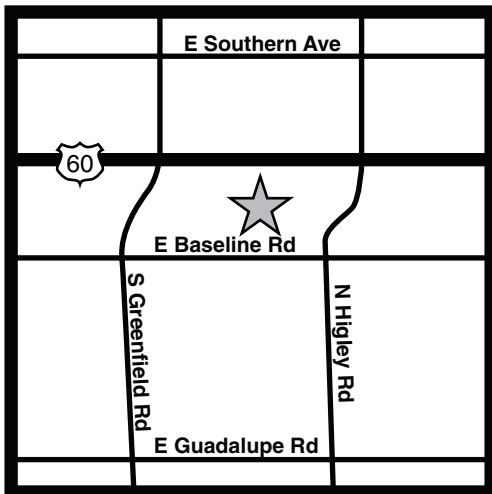
www.kemptonandnelson.com

We do all prior authorizations

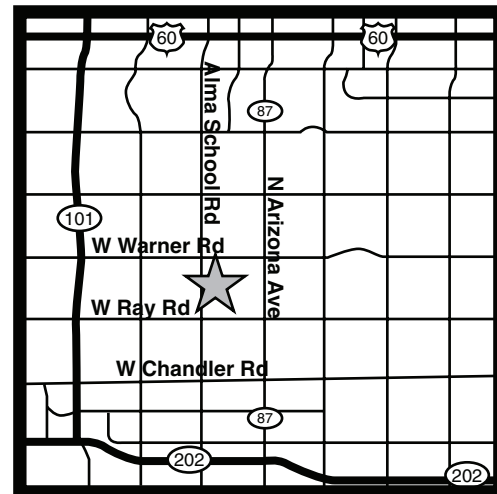
AARP
 Aetna-all networks
 Ameriben
 American Medical Network (AMN)
 APIPA (AHCCCS)
 Arizona Foundation
 BCBS
 Beechstreet
 Bridgeway (AHCCCS)
 Care 1st (AHCCCS)
 Cigna- all networks
 City of Mesa
 Evercare (AHCCCS)
 First Health/Affordable
 Greatwest
 Healthnet- all networks
 Humana- all networks
 Lifewise

Medicare
 Maricopa Health Plan (AHCCCS)
 Mercycare (AHCCCS)
 MMSI (Mayo Health Plan)
 Motorola
 Multiplan
 One Health Plan
 Pacificare
 Pinal County (AHCCCS)
 PHCS
 RAN
 Scan
 Schaller Anderson
 Secure Horizons- excluding BPHO
 Southwest Administrators
 Tricare/Triwest
 United Healthcare
 University Family Care (AHCCCS)

Sleep Center Locations



1. 4852 E. Baseline Rd. Suite 109
 Mesa, Arizona 85206
 (Baseline Rd. and Pierpoint)



2. 1343 N. Alma School Rd. Suite 105
 Chandler, Arizona 85224
 (Alma School Rd. and Ray)



Fully Accredited by the Academy of Sleep Medicine