



McAlester Regional

HEALTH CENTER

Southeast Oklahoma's Leading Healthcare Resource

SLEEP STUDY REFERRAL FORM

Please don't hesitate to call, fax or email for patient updates, questions etc. pz@zoellnermedicalgroup.com

McAlester Regional NPI: 131694034 Phone: 918.728.7552 Fax: 918.728.7553

Please complete all sections on this form. Please include clinical notes and copies of insurance with referral.

Referral Email: teamvob@zoellnermedicalgroup.com

Patient Name: _____ DOB _____ Male Female Address: _____ city/state/zip

SSN#: _____ Email Address _____ @ _____

Telephone: mobile/home/work: _____ mobile/home/work _____ mobile/home/work _____

Emergency Contact: Phone#: _____ Relationship: _____

Provider Name (PRINT): _____ NPI: _____ Provider Signature: _____

Date: _____ Office Number: _____ Office Fax: _____

Contact Name: _____ Special Instructions: _____

Primary and Secondary Insurance (if applicable)

Insurance Name: _____ ID#: _____ Group#: _____ Name of Subscriber: _____ Insurance _____

Phone# _____

Secondary Insurance (if applicable)

Insurance Name: _____ ID#: _____ Group#: _____ Name of Subscriber: _____

Insurance Phone# _____

Procedure Ordered (one or more must be checked in order to process)



Zoellner Medical Group

- (MOST COMMONLY ORDERED STUDIES)
- Split Night* PSG (½night diagnostic, ½ night therapy- most ordered study. *must qualify) (95811) Diagnostic PSG only (95810)
 - Pediatric PSG with ETCO2 monitoring (95782)
 - Adult PSG 6 yrs. and up (95810)
 - CPAP/Bi-level Titration, Previous Sleep Study Req. (95811)
 - Multiple Sleep Latency Test (MSLT-95805) Sleep for Narcolepsy or Level of Sleepiness
 - Reusable Home Testing Device (95806) Disposable WAtchPat One Home Testing Device (95800)



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Dear Provider,

Thank you for choosing us to take care of your sleep diagnostic needs. Our friendly staff looks forward to helping you.

Please don't hesitate to reach out to us with any questions, and we can help guide you through the referral process to ensure that your patient is scheduled as soon as possible.

Helpful reminders: some commercial insurances such as United Health Care, Blue Cross Blue Shield Federal, Aetna, and Cigna require authorizations and may take up to 15-30 business days to make a decision. Humana also requires authorizations, but those referrals must be initiated by the referring provider.

Please be sure to include the following with your sleep study referral: DOCUMENTATION

NEEDED FOR A SLEEP STUDY:

1. SIGNED AND DATED REFERRAL/RX FROM ORDERING PROVIDER
2. SIGNED AND DATED RECENT CHART NOTES THAT STATE THAT THE PATIENT IS REFERRED FOR A SLEEP STUDY
3. UPDATED PATIENT DEMOGRAPHICS
4. COPY OF THE FRONT AND BACK OF INSURANCE

CARDS FOR SOONERCARE PATIENTS UNDER THE AGE OF

21:

1. ALL OF THE ABOVE
2. FULL ORAL AND PHARYNGEAL EXAM INCLUDING MALLAMPATI SCORE
3. EPWORTH SLEEPINESS SCALE

We are able to schedule Medicare patients right away, however, please keep in mind that the patients must have a sleep study within 90 days of their signed referrals.

Thank you again for your referral.

Philip Zoellner
Director of Operations
Zoellner Medical Group, Inc.
pz@zoellnermedicalgroup.com

Phone: 918.728.7552 Fax: 918.728.7553 Mobile/Text:918-289-4244



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