***C*omprehensive *S*leep *S*ervices**

**Oral Sleep Appliance Guaranteed Reimbursement Program**

**2025 CSS Member Service Agreement**

**Aetna, BlueCross BlueShield, Cigna, UMR, United HealthCare, GEHA, All Savers, Allegiance, GPA, PBA, US Health Group PPO Commercial Policies.**

**For Aetna, as you provide a service, we provide you a fee - up to $1800.00 for the following:**

$50.00 Exam

$200.00 impression and bite

$1,300.00 Delivery

$200.00 Morning Aligner

$25.00 each for two follow-ups with-in 90 days of delivery

**For BCBS, as you provide a service, we provide you a fee - up to $2100.00 for the following:**

$50.00 Exam

$200.00 impression and bite

$1,600.00 Delivery

$200.00 Morning Aligner

$25.00 each for two follow-ups with-in 90 days of delivery

**For all others, as you provide a service, we provide you a fee - up to $2300.00 for the following:**

$50.00 Exam

$200.00 impression and bite

$1,800.00 Delivery

$200.00 Morning Aligner

$25.00 each for two follow-ups with-in 90 days of delivery

**NO contracts to sign (just this simple Service Fee Agreement) and NO long-term commitment.**

**NO enrollment fee and NO monthly retainers.**

**NO charge for Insurance Verifications, Insurance Pre-Authorizations, and NO Billing fees.**

**You receive payment – on the 15th of the month for the previous month’s services – with minimal staff involvement and minimal financial risk! We take all the financial risk!**

**A guaranteed set amount.**

**NO waiting for your money.**

**Simplified bookkeeping.**

**Eliminating account receivables.**

**Steps of Success**

**Step 1: Dental Office**

Receives the lead from online, physician, etc. Build the need to come into the office for a consultation where all their questions will be answered. Send them a screening form. On arrival, perform dental exam, deepen the pain, and make sure patient is a candidate for the Oral Sleep Appliance. Build need in sleep testing (if undiagnosed) and build value in the Oral Sleep Appliance Treatment that can be provided by you.

**Step 2: Dental Office**

Present cash financials on the next step either a HSAT or OSAT. If the patient does not move forward, ask if they would like to see if utilizing their medical insurance could lower their out-of-pocket expense below the cash price. Ask for their medical insurance card. If it is one CSS can assist with, have patient sign the intro letter. See Attachment How to Present Financials and Transition to CSS on our suggestion on how to be successful at this transition.

**Step 3: Dental Office**

By Fax 817.441.2694 or email [Solutions4SleepApnea@outlook.com](mailto:Solutions4SleepApnea@outlook.com)

Sends CSS the signed Intro Letter, Screening Form, Exam and Exam SOAP, Demographics, Medical Insurance Card, as well as any other documentation you have on patient pertaining to sleep apnea, including medical office visits discussing sleep apnea within 2 years, diagnostic sleep study within 2 years, PAP intolerance form, etc.

**Step 4:** **Comprehensive Sleep Services**

Completes any missing components the insurance requires for the pre-auth request.

**Option 1: CSS sleep center if current diagnostic Sleep Test is needed.**

When home sleep apnea test needed, Patient Friendly Financial arrangements for Telemedicine and **H**ome **S**leep **A**pnea **T**est

Telemedicine pre-clinical notes

HSAT billed utilizing in-network Medical Benefits

Telemedicine post-clinical notes for result visit

Therapy Orders for the Oral Appliance when indicated.

**Option 2: CSS sleep center if Current Diagnostic Sleep Test is provided (sleep study must be within 2 years and diagnosis Obstructive Sleep Apnea).**

Patient Friendly Financial arrangements for Telemedicine Visit Therapy Consult

Telemedicine post-clinical notes for result visit

Therapy Orders for the Oral Appliance when indicated.

**Step 5: Dental Office**

One week after office sends patient to CSS, Office calls patient to make sure the patient and CSS have connected, all is going well, and they are moving forward.

**Step 6: Comprehensive Sleep Services**

Submitting and obtaining Prior authorization for treatment - takes between 1 and 7 days.

**Step 7: Comprehensive Sleep Services**

Financial Arrangements made with the patient for their maximum out of pocket expense.

**Step 8: Comprehensive Sleep Services**

Connection back to the Dental Office to informing it is okay to proceed with the impressions/scans.

**Step 9: Dental Office**

Patient returns to Dental Clinic for the impression and bite.

Sends Impressions to lab of their choice.

**Step 10: Dental Office sends CSS paperwork for impression visit.**

Dentist signs Lab Orders for the appliance (must be dated after authorization obtained) and faxes or emails CSS the lab order and Impression SOAP Notes **(Attachment 6)**

**Step 11: Appliance Lab**

Fabricates the appliance, Ships to the dental office, Invoices the dental office.

**Step 12: Dental Office**

Patient returns to Dental Office for delivery of appliance and morning aligner (required on all cases)

Patient signs two Delivery Receipts – one for the sleep appliance and one for the aligner dated the next morning when they will actually utilize it.

Dental Office schedules Patient in two weeks for follow-up #1

**Step 13: Dental Office sends CSS paperwork for Delivery appointment**

Delivery Sheets **(Attachment 8&9),** Delivery SOAP Notes **(Attachment 7)** and lab invoice (showing which appliance was utilized and that the lab is certified)

**Step 14: Dental Office FU1** **with-in the first 90 days post delivery**

Completes the Progress Sheet

Schedules follow-up #2

Sends CSS the Treatment Progress Sheet **(Attachment 11)** and the SOAP Notes **(Attachment 10)**

**Step 15: Dental Office FU2 with-in the first 90 days post delivery**

Completes the Progress Sheet

Sends CSS the Treatment Progress Sheet **(Attachment 11)** and the SOAP Notes **(Attachment 10)**

**Service Agreement Signature Page:**

All we need from the Provider to get started:

1. Full Name

2. State Dental License

3. First Page of Malpractice Insurance

4. Tax Identification number for the 1099

Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_, 2024

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Ronald L. Cook, DDS

Title: Principal Owner

Company: Comprehensive Sleep Services, LLC

Address: 609 Hemphill Street, Suite 202

Fort Worth, TX. 76104

and

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_