

**\* \*\*Please Make Copies For Your Office\*\*\***

**In Home Sleep Apnea / Compliance Testing Order Form**

**Complete, Sign and Fax to: (928) 444-8948**

**HST - HST/APAP – Compliance Order Form**

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| --- |
| **~ Provider Info. ~**Name:  |
| Practice Name:  | Practice Type:  |
| Address:  | City: | St:  | Zip:  |
| Phone:  | Fax:  | NPI:  |
| Office Contact:  | Contact Email:  |

**~ Patient Information ~**

|  |  |  |
| --- | --- | --- |
| Name (First):  | MI:  | Last:  |
| Address:  | City:  | St:  | Zip:  |
| Cell Phone:  | Other Phone: N/A | DOB:  |
| Sex: M - F  | Age: Height: Weight: | Id#:  |

 **~ Sleep History & Physical:** Must select at least one ~

|  |  |
| --- | --- |
| **🗌** Disruptive Snoring | **🗌** Disturbed or Restless Sleep |
| **🗌** Non-Restorative Sleep | **🗌** Witnessed Apnea Event During Sleep |
| **🗌** Choking During Sleep | **🗌** Gasping During Sleep |
| **🗌** BMI >30 | **🗌** Frequent Unexplained Arousals From Sleep |
| **🗌** Excessive Daytime Sleepiness (EDS) | **🗌** Epworth Scale Score >10 |

**~ Diagnosis – ICD 10 ~**

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| --- | --- |
| **🗌** Obstructive Sleep Apnea (OSA) – G47.33 | **🗌** Other organic sleep apnea – G47.39 |
| **🗌** Organic hypersomnia – G47.10 | **🗌** Insomnia w/ sleep apnea, unspecified – G47.30 |
| **🗌** Idiopathic hypersomnia w/ long sleep time – G47.11 | **🗌** Hypersomnia w/ sleep apnea, unspecified – G47.30 |
| **🗌** Idiopathic hypersomnia w/o long sleep time – G47.12 | **🗌** Hypersomnia, unspecified – G47.10 |
| **🗌** Recurrent hypersomnia – G47.13 | **🗌** Unspecified sleep apnea – G47.30 |
| **🗌** Other organic hypersomnia – G47.19 | **🗌** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**~ HST Diagnostic / HST w/ APAP / Compliance Report Service Ordered & Patient Out Of Pocket Cost ~**

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| --- | --- | --- |
| **In Home Sleep Apnea Test****(HST up to 3 Night)****🗵 Patient OOP: $289.00**  | **In Home Sleep Test with AutoPAP****(Efficacy HST/APAP up to 3 Nights) 🗌 Patient OOP: $239.00** | **APAP/BiPAP Compliance Report****(Medicare/Occupational Report)🗌 Patient OOP: $49.95** |
| **Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NPI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I certify that the above HST, Auto PAP and/or Auto BiPAP Titration are medically indicated and necessary with reference to the standards of the medical practice and treatment of this patient’s condition. |

**Prescott Valley: (928) 713-9631 ~www.1stopCPAPshop.com~ Cottonwood: (928) 713-0860 Rev: 11-01-2024**