

## THE INSTITUTE REFERRAL FORM (Adult / Pediatric)

**CIRCLE:** *Scottsdale Center* OR *Gilbert Center*

**DATE OF REFERRAL:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **ALT TEL:** \_\_\_\_\_

**SEX:** M or F      **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**INSURANCE (PRIMARY) / POLICY #:** \_\_\_\_\_ **INSURANCE (SEC) / POLICY #:** \_\_\_\_\_

INDICATIONS for Sleep Apnea Testing
<p><b>STOP-BANG assessment tool for OSA</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Snoring, loud</li> <li><input type="checkbox"/> Tiredness/fatigue/daytime sleepiness</li> <li><input type="checkbox"/> Observed apnea</li> <li><input type="checkbox"/> Pressure: hypertension</li> <li><input type="checkbox"/> Body mass index (BMI) &gt; 35 kg/m<sup>2</sup>?</li> <li><input type="checkbox"/> Age &gt; 50 years?</li> <li><input type="checkbox"/> Neck circumference &gt; 15.75" (40cm)?</li> <li><input type="checkbox"/> Gender = Male?</li> </ul>
<p><b>Other associated medical conditions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sensitive occupation: _____</li> <li><input type="checkbox"/> Chronic opioid use: _____</li> <li><input type="checkbox"/> AFIB or other arrhythmia: _____</li> <li><input type="checkbox"/> Cardiovascular disease: _____</li> <li><input type="checkbox"/> Neurological disease: _____</li> <li><input type="checkbox"/> Pulmonary disease: _____</li> <li><input type="checkbox"/> Metabolic syndrome or Type 2 Diabetes (circle)</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Other symptoms and concerns</b> (Parasomnias, Insomnia, Circadian Rhythm disturbance, Hypnotic dependency, Restless legs syndrome, Narcolepsy / Hypersomnolence, Nightmares, Dream enactment behavior, etc.)</p>

CONSULT AND TESTING
<p><b>SLEEP CONSULTATION/MANAGEMENT</b> (Recommended)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sleep Consultation &amp; Long Term Management: Sleep Specialist to perform consultation, manage testing, treatment, and long term follow up care.</li> </ul>
<p><b>SLEEP TESTING ONLY</b> (Referring provider will manage treatment &amp; follow up; <i>IF WOULD LIKE THE SLEEP SPECIALIST TO MANAGE THEN SELECT CONSULTATION &amp; MANAGEMENT ABOVE</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic full-night polysomnography (No CPAP)</li> <li><input type="checkbox"/> Split-night polysomnography (AASM Criteria for initiating CPAP will be utilized)</li> <li><input type="checkbox"/> Full night of PAP (Patient must have documented diagnosis of apnea by PSG; if no diagnosis of PSG, consider repeat PSG, split-night, or sleep consult)</li> <li><input type="checkbox"/> Limited channel testing (indicated for patients with high pretest probability for OSA <b>without</b> comorbid cardiovascular disease, parasomnia activity, and/or periodic limb movements)</li> <li><input type="checkbox"/> MATRx Oral appliance titration during polysomnography</li> <li><input type="checkbox"/> Actigraphy</li> <li><input type="checkbox"/> Other: _____</li> </ul>
URGENCY for CONSULT/TESTING
<ul style="list-style-type: none"> <li><input type="checkbox"/> Not urgent</li> <li><input type="checkbox"/> Urgent due to: _____</li> </ul>
REFERRING PROVIDER INFORMATION
<p>REFERRING PROVIDER: _____</p> <p>SIGNATURE: _____</p> <p>PHONE: _____ FAX: _____</p>

**PLEASE FAX COMPLETED REFERRAL FORM TO 480.745.3548**

*(Include a copy of the insurance card, demographics, and medical records; Prior authorization will be performed by The Institute)*

**8330 E Hartford Drive, Suite 100, Scottsdale, AZ 85255**

**Phone: 480.745.3547**

**1530 E Williams Field Road, Suite 204, Gilbert, AZ 85295**

**Phone: 480.745.3547**

[referrals@sleeplessinazona.com](mailto:referrals@sleeplessinazona.com) / [sleeplessinazona.com](http://sleeplessinazona.com)

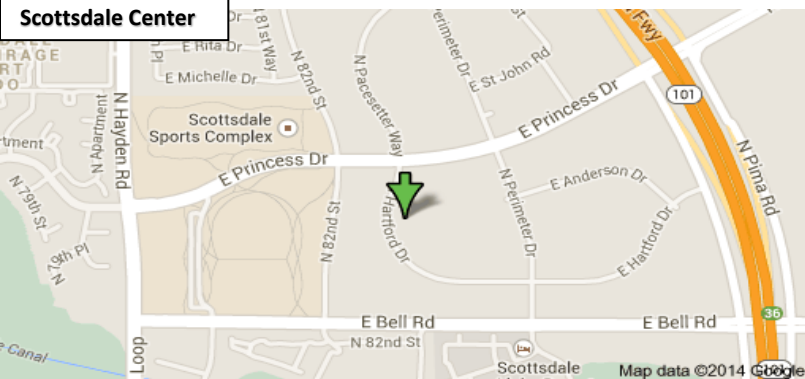


# INSURANCE PLANS CURRENTLY ACCEPTED

- **Aetna (HMO, PPO / Medicare HMO)**
  - Cofinity
  - Open Access
  - Premier Care Network
  - Aexcel/Aexcel Plans
  - Aetna HealthFund Plans
  - Aetna Whole Health – CAN
  - Aetna Medicare—PPO/HMO
- **AHCCCS Plans**
  - APIPA/Personal Care Plus/Community Plan
  - UHC Dual Complete (HMO SNP)
  - UHC Developmentally Disabled
  - AHCCCS Medicaid
  - Care1st / One Care
  - Evercare Choice / Premier / Select
  - HealthNet
  - Maricopa Health Plan / Maricopa Care Advantage
  - Kidscare
- **Ancillary Care Services (ACS)**
  - Beech Street
- **Arizona Foundation for Medical Care**
- **Arizona Medical Network (AMN)**
- **American Choice Provider Network (ACPN-PPO)**
- **Banner Network**
  - Employee Plans Choice / Select
  - Blue Medicare Advantage w/ alpha prefix XBU
- **Beach Street (AP Plan, Auto, PPO, Workers Comp)**
- **Blue Cross Blue Shield (including Alliance and Select)**
- **Cigna**
  - Cigna Open Access Plus, OA Plus, ChoiceFund OA Plus, ChoiceFund OA Plus w/ Carelink
  - Cigna PPO, Choice Fund PPO
  - Network, HMO, POS
  - Cigna HealthSpring Medicare Advantage
- **CorVel (Auto, PPO, Workers Comp)**
- **Coventry / First Health**
- **Fortified (Auto, PPO, Workers Comp)**
- **Galaxy Health Network (PPO, Workers Comp)**
- **Coventry / First Health**
- **Fortified (Auto, PPO, Workers Comp)**
- **Galaxy Health Network (PPO, Workers Comp)**

- **Health Net**
  - Medicare HMO
  - PPO Standard
  - Standard HMO
  - Arizona Community Care HMO
  - Medicaid AHCCCS
- **HealthSmart (ACCEL, Auto, HPO, PPO, Workers Comp)**
- **Humana / Humana Choice Care**
- **Integrated Health Plan (IHP; Auto, PPO, Workers Comp)**
- **Medicare**
- **Multiplan / PHCS**
- **Phoenix Children's Care Network (PCCN)**
  - Intel Connected Care (Arizona Care Network)
  - Phoenix Choice
    - Phoenix Choice HMO Abrazo & Phoenix Children's Hospital (Network is ABZ+PCH)
    - Phoenix Choice HMO (Network is PHX)
  - Health Choice (effective date 7/1/2016)
    - Health Choice Value
    - Health Choice Essential
- **Prime Health (Auto, IME, PPO, Workers Comp)**
- **Tricare Standard (only)**
- **United HealthCare**
  - Choice / Choice Plus (HMO/PPO/POS)
  - Choice / Plus with Harvard Pilgrim
  - Compass (HMO/Plus)
  - All Savers (PPO – exchange plans)
  - Core (Essential/HMO/Core Essential HMO)
  - Charter
  - Navigate (HMO/Navigate Balanced/Plus)
  - Options (PPO/PPO with Harvard Pilgrim)
  - Passport Connect Choice / Choice Plus, Options PPO
  - Select (HMO/Plus/Plus HMO)
  - Medical Choice w/ UHC Choice Plus
  - AARP Medicare Complete HMO (Phoenix Direct & Lifepoint Optum)
- **University of Arizona Health Plans**
  - University Family Care, University Care Advantage, University Health Care Group, University Healthcaare Exchange, Kids Care
- **Current ACO Memberships:**
  - Scottsdale Health Partners (SHP)
  - Arizona Care Network (ACN)
  - Phoenix Childrens Care Network (PCCN)

**Scottsdale Center**



**Gilbert Center**

