

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

STOP-BANG assessment tool for OSA

- ☐ Snoring, loud
- ☐ Tiredness/fatigue/daytime sleepiness
- ☐ Observed apnea
- ☐ Pressure: hypertension
- ☐ Body mass index (BMI) > 35 kg/m²?
- ☐ Age > 50 years?
- ☐ Neck circumference > 15.75" (40cm)?
- ☐ Gender = Male?

Other associated medical conditions

- ☐ Sensitive occupation: _____
- ☐ Chronic opioid use: _____
- ☐ AFIB or other arrhythmia: _____
- ☐ Cardiovascular disease: _____
- ☐ Neurological disease: _____
- ☐ Pulmonary disease: _____
- ☐ Metabolic syndrome or Type 2 Diabetes (circle)
- ☐ Other: _____

Other symptoms and concerns (Parasomnias, Insomnia, Circadian

Rhythm disturbance, Hypnotic dependency, Restless legs syndrome, Narcolepsy / Hypersomnolence, Nightmares, Dream enactment behavior, etc.)

CONSULT AND TESTING

SLEEP CONSULTATION/MANAGEMENT (Recommended)

- ☐ Sleep Consultation & Long-Term Management with Sleep Physicians
- ☐ Cognitive Behavioral Therapy for Insomnia (CBT-I) with Clinical Psychologist

SLEEP TESTING (Referring provider will manage treatment & follow up; IF WOULD LIKE THE SLEEP SPECIALIST TO MANAGE THEN SELECT CONSULTATION & MANAGEMENT ABOVE)

- ☐ Diagnostic full-night polysomnography (No CPAP)
- ☐ Split-night polysomnography (AASM Criteria for initiating CPAP will be utilized)
- ☐ 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)
- ☐ Limited channel testing (indicated for patients with high pretest probability for OSA without comorbid cardiovascular disease, parasomnia activity, and/or periodic limb movements)
- ☐ Overnight EEG testing for nocturnal epilepsy
- ☐ Sleep Profiler (home overnight EEG testing for insomnia)
- ☐ Other: _____

URGENCY for CONSULT/TESTING

- ☐ Not urgent
- ☐ Urgent due to: _____

REFERRING PROVIDER INFORMATION

REFERRING PROVIDER: _____

SIGNATURE: _____

PHONE: _____ FAX: _____

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 / sleeplessinazona.com

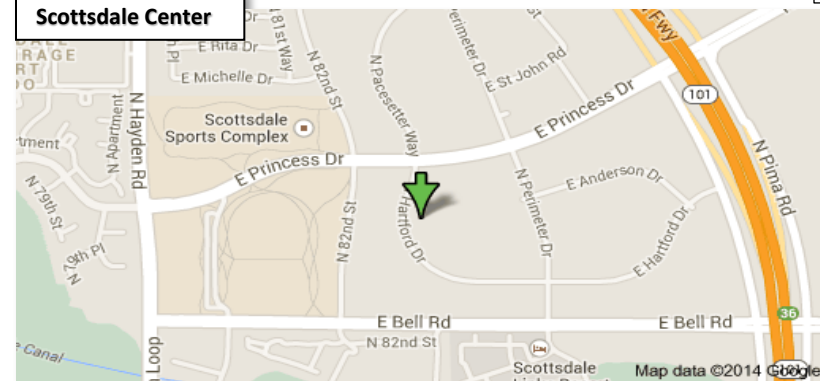


INSURANCE PLANS CURRENTLY ACCEPTED

- **Aetna (HMO, PPO / Medicare HMO)**
 - Banner
 - Cofinity
 - Open Access
 - Premier Care Network
 - Aexcel/Axel Plans
 - Aetna HealthFund Plans
 - Aetna Whole Health – ACN including HMO/HNO
 - 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
 - Mercy Care
- **Ancillary Care Services (ACS)**
 - Beech Street
- **Arizona Foundation for Medical Care**
- **Arizona Medical Network (AMN)**
- **American Choice Provider Network (ACPN-PPO)**
- **Banner Network**
 - 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, Cigna Local Plus
 - 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 and Ambetter**
 - 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**
- **Oscar**
- **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
 - 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 Healthcare Exchange, Kids Care
- **Current ACO Memberships:**
 - Arizona Care Network (ACN)
 - Arizona State Physicians Association (ASPA)
 - Innovation Care Partners (ICP – Honor Health)
 - Phoenix Childrens Care Network (PCCN)

Scottsdale Center



Gilbert Center

