

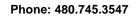
THE INSTITUTE REFERRAL FORM

(Adult /Pediatric) CIRCLE: Scottsdale, Gilbert, or Phoenix 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 CONSULT AND TESTING** SLEEP CONSULTATION/MANAGEMENT (Recommended) STOP-BANG assessment tool for OSA Sleep Consultation & Long-Term Management with Sleep Snoring, loud **Physicians** Tiredness/fatique/daytime sleepiness Cognitive Behavioral Therapy for Insomnia (CBT-I) with Clinical Psychologist Observed apnea Pressure: hypertension SLEEP TESTING (Referring provider will manage treatment & follow up; IF WOULD LIKE THE SLEEP SPECIALIST TO MANAGE THEN SELECT Body mass index (BMI) > 35 kg/m²? CONSULTATION & MANAGEMENT ABOVE) Age > 50 years?Diagnostic full-night polysomnography (No CPAP) Neck circumference > 15.75" (40cm)? Split-night polysomnography (AASM Criteria for initiating CPAP will be utilized) **G**ender = Male? Full night of PAP (Patient must have documented diagnosis of apnea by PSG; if no diagnosis of PSG, consider repeat PSG, split-Other associated medical conditions night, or sleep consult) Limited channel testing (indicated for patients with high pretest Sensitive occupation:_____ probability for OSA without comorbid cardiovascular disease, parasomnia activity, and/or periodic limb movements) Chronic opioid use: Overnight EEG testing for nocturnal epilepsy AFIB or other arryhthmia: Sleep Profiler (home overnight EEG testing for insomnia) Cardiovascular disease:_____ Other: Neurological disease: **URGENGY for CONSULT/TESTING** Pulmonary disease: Not urgent ■ Metabolic syndrome or Type 2 Diabetes (circle) Urgent due to: _____ Other:_____ REFERRING PROVIDER INFORMATION Other symptoms and concerns (Parasomnias, Insomnia, Circardian Rhythm disturbance, Hypnotic dependency, Restless legs syndrome, Narcolepsy / Hypersomnolence, Nightmares, Dream enactment behavior, etc.) 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 Dr, Ste 100, Scottsdale, AZ 85255 1530 E Williams Field Rd, Ste 204, Gilbert, AZ 85295 9305 W Thomas Rd, Ste 465, Phoenix, AZ 85037





INSURANCE PLANS CURRENTLY ACCEPTED

- Aetna (HMO, PPO / Medicare HMO)
 - o Banner
 - Cofinity
 - Open Access
 - Premier Care Network
 - o Aexcel/Aexel Plans
 - O Aetna HealthFund Plans
 - O Aetna Whole Health ACN including HMO/HNO
 - Aetna Medicare—PPO/HMO
- AHCCCS Plans
 - o APIPA/Personal Care Plus/Community Plan
 - o UHC Dual Complete (HMO SNP)
 - o UHC Developmentally Disabled
 - o AHCCCS Medicard
 - o Care1st / One Care
 - o Evercare Choice / Premier / Select
 - HealthNet
 - o Maricopa Health Plan / Maricopa Care Advantage
 - Kidscare
 - o 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
 - O Cigna PPO, Choice Fund PPO, Cigna Local Plus
 - Network, HMO, POS
 - O 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
 - o PPO Standard
 - o 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)
 - o Intel Connected Care (Arizona Care Network)
 - o 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
 - o Choice / Choice Plus (HMO/PPO/POS)
 - o Choice / Plus with Harvard Pilgrim
 - o Compass (HMO/Plus)
 - All Savers (PPO exchange plans)
 - o Core (Essential/HMO/Core Essential HMO)
 - Charter
 - Navigate (HMO/Navigate Balanced/Plus)
 - Options (PPO/PPO with Harvard Pilgrim)
 - o Passport Connect Choice / Choice Plus, Options PPO
 - Select (HMO/Plus/Plus HMO)
 - o Medical Choice w/ UHC Choice Plus
 - AARP Medicare Complete HMO (Phoenix Direct & Lifeprint Optum)
- University of Arizona Health Plans
 - University Family Care, University Care Advantage, University Health Care Group, University Healthcaare Exchange, Kids Care
- Current ACO Memberships:
 - Arizona Care Network (ACN)
 - O Arizona State Physicians Association (ASPA)
 - Innovation Care Partners (ICP Honor Health)
 - Phoenix Childrens Care Network (PCCN)

