



SLEEP DISORDERS CENTER
114 Whitwell Street
Quincy, MA 02169
Tel: (617) 376-5710
Fax : (617) 376-2098

SLEEP DISORDERS CENTER
REFERRAL FORM

\*\*\*THIS FORM MUST BE FILLED OUT COMPLETELY FOR VISIT TO BE SCHEDULED.\*\*\*

PATIENT INFORMATION:

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: : \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Interpreter Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

INSURANCE : MUST BE COMPLETED. SEE NOTES BELOW FOR TUFTS AND BLUE CROSS MEMBERS.

Health Ins: \_\_\_\_\_ ID #: \_\_\_\_\_

OVERNIGHT SLEEP STUDY: [ ] Baseline (CPAP if warranted) [ ] CPAP\* [ ] BiPAP\*
\*requires baseline with diagnosis of sleep apnea

The following insurances require pre-authorization before booking sleep studies.:

Tufts Health Care plans require a pre-authorization, please see

http://www.tuftshealthplan.com/providers/pdf/polysomnogram\_form.pdf

for the latest Tufts form.

Blue Cross Blue Shield requires a pre-authorization, please see the BCBS website for the appropriate form.

Fallon Community Health plans, incl. Commonwealth Care and Major Medical, see form at

WWW.SLEEPMANAGEMENTSOLUTIONS.COM, or by phone at 1-866-ASK-FCHP

PRE-AUTHORIZATION NUMBER FOR TUFTS/BLUE CROSS/FALLON: \_\_\_\_\_

Interpretation Physician: :

[ ] Sanford Auerbach, MD [ ] James O'Brien, MD [ ] Stephen Tarpy, MD [ ] Mushtaque Chachar, MD

REFERRING PHYSICIAN: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

APPOINTMENT DATE AND TIME: (To be filled in be Sleep Clinic)

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_