

GTSSC



Greater Tri State Sleep Center

657 Morganza Road
Suite 101
Canonsburg, PA 15317
Phone: (724)743-4515
Office Fax: (724)743-4519

Home Sleep Study Prescription

GTSSC WILL OBTAIN ALL REQUIRED AUTHORIZATIONS

Name: _____ DOB: _____ MALE / FEMALE

Phone Number _____ Referring Dr. _____

- Please include demographic page with patient's address and insurance information.
- Please include office notes to support onset of symptoms. *

Reason for Test

G47.30 Sleep Apnea, Unspecified

G47.33 Obstructive Sleep Apnea (REQUIRED ON MEDICARE OR MEDICARE HMO PLANS)

Requested Test

In-Home PSG * If insurance approves

DME Option

GTSSC to forward DME Equipment

Physician Signature _____ Date _____

Physician Phone _____ Fax _____

NPI _____

5/13/2019