



Patient Forms

- P1 - Epworth Sleepiness Scale
- P2 - Patient Welcome letter
For new patient accepting treatment at your office.
- P3 - Patient Registration
- P4 - Informed Consent
- P5 - Fee for Service Payment Policy
- P6 - Affidavit of Release of Responsibility
To be used if patient denies treatment
- P7 - Patient Questionnaire for Snoring/OSA
- P8 - Sleep Observer Scale
Test for bed partner of OSA patient
- P9 - Watch-PAT 100 Credit Authorization
Authorizes credit card charges if Watch-PAT is not returned
- P10 - Sleep Appointment Scheduling
- P10.1 - Common Questions/Answers for sleep appointments
- P11 - Oral Appliance Delivery Information
- P12 - Affidavit of CPAP Intolerance

Insurance Forms

- N1 - Letter of Medical Necessity - Narrative (SOAP)
Must be sent to PCP for review and signature.
- N2 - Insurance Verification
Verification of patients insurance; to be submitted with a statement of medical necessity and plan for treatment.
- N3 - Documents Needed to File Insurance Claims
Checklist that is sent to insurance for reimbursement
- N4 - Letter to Insurance Medical Director
Exhaustive overview of the costs of ineffective OSA treatment to society. Reviews oral appliance alternative.

Dentist Forms

- D1 - Checklist - Everything must be completed.
- D2 - Insurance Codes & Sample Fees
- D3 - Fees for Sleep Apnea - form for pricing treatment
- D4 - PCP Results letter - Send to PCP with Watch-PAT results
- D5 - Letter to Physician
Explains that an oral appliance is necessary and asks physician to sign off on treatment.
- D6 - Letter from Physician - letter to go to insurance company
- D7 - Letter to ENT - Explains discovery of obstruction, requests eval
- D8 - Watch-PAT Diagnosis / Recommendations