



# Home Sleep Apnea Test Order Form

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

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

DOB: \_\_\_\_\_ Gender at birth (M/F): \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Does the patient authorize email to request payment for HSAT?

Yes  No/Unsure | Patient Ht \_\_\_\_\_ Wt \_\_\_\_\_ BMI \_\_\_\_\_

**Fax to 313-650-6596**

**Phone: 734-822-4757**

Ordering Provider: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

\_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

### **Previously Diagnosed/Known Sleep Conditions:**

- Obstructive sleep apnea (OSA)
- Central sleep apnea (CSA)
- Sleep-related hypoventilation/hypoxemia
- Insomnia
- Restless legs syndrome (RLS)

### **Symptoms/Signs:**

- Snoring
- Gasping/choking episodes
- Witness apneas/breathing pauses
- Frequent arousals
- Nocturia
- Excessive daytime sleepiness
- Fatigue
- Unrefreshing sleep
- Crowded oropharynx
- Body habitus (e.g. small jaw, thick neck, android weight distribution, low hanging soft palate, etc.)

### **Relevant Medical History:**

- Hypertension
- Systolic Heart Failure
- Arrhythmia (Afib, VTach)
- Moderate to Severe COPD or lung disease
- Supplemental oxygen use
- Pulmonary Hypertension
- Chronic/daily opioid use
- Cervical or upper thoracic spinal cord injury
- Neuromuscular disease
- Large or brainstem stroke
- Post-menopausal

### **Other information/comments:**

Procedure Requested:  Home sleep apnea testing (HSAT) CPT@ 95806

Check this box for name to represent signature

\_\_\_\_\_  
Provider Signature/Name

\_\_\_\_\_  
Date

**Please fax this page to ReLACS Health**

**313-650-6596**

# **Home Sleep Apnea Test Information**

**(For Patients and Providers)**

Home sleep apnea testing through ReLACS Health is performed using CleveMed's SleepView® Monitor. Once the study process is initiated by ReLACS Health, CleveMed will coordinate the timely shipment to the patient's home, instructions for the device, and technical support for overnight use of the monitor. More information about the device is available at [clevemedsleepview.com](http://clevemedsleepview.com). Once the device is received and uploaded by CleveMed, Joseph Andrew Berkowski, MD of ReLACS Health, a board-certified sleep physician, will score and interpret the study data. The report will be sent to the ordering provider via fax. Total turnaround time is estimated around 1-2 weeks from shipment date.

Patients who have not been seen by ReLACS Health require a licensed medical provider to order the study, which should be performed with the patient located in the state of Michigan or Ohio. The ordering provider must fill out the first page of this form and fax it to ReLACS Health at 313-650-6596.

## **Payment**

The total cost is \$350 for one home sleep apnea test.

Patients are responsible for payment due in full prior to ReLACS Health initiating the home sleep apnea testing process through CleveMed. Though ReLACS Health does not bill insurance, some private third-party payors may reimburse patients directly for out-of-network services. Patients may contact ReLACS Health at [andy@relacshealth.com](mailto:andy@relacshealth.com) or 734-822-4757 to request an invoice if needed.

Patients can submit secure credit/debit card payment online through Elation Health with servicer Stripe, which can be accessed via three options:

1. By checking the box below their email on page 1, we have permission to send the payment request link directly to their email address.
2. Patients may go to the website: <https://app.elationemr.com/pay/relacshealth> (QR code below)
3. Patients may also find the payment link at [www.sleeprls.com/hsat](http://www.sleeprls.com/hsat)

Patients can enter \$350 for payment and type "HSAT" or "home sleep apnea test", in lieu of statement/invoice # in order to pay through the website.

Once payment is received, ReLACS Health will initiate the home sleep apnea testing process and patients will be contacted by CleveMed for a shipment date.

