
MEDICARE SLEEP STUDY AGREEMENT

LABEL

Patient Name: _____ **MRN:** _____

Phone #: _____

Insurance: _____

It is very important to Austin Regional Clinic that the patient understands how to use the device. Austin Regional Clinic Home Sleep Testing process starts only after the patient (beneficiary) receives a face-to-face evaluation with their physician to determine pre-test probability for obstructive sleep apnea (OSA).

During the visit, the beneficiary receives information about the home sleep study test, which includes instructions on the testing process of the device. On the day the device is given to the patient, a representative from Austin Regional Clinic provides the beneficiary detailed device set-up, application instructions, and answers to any of the patient's test or OSA condition related questions. The beneficiary is also advised of the step-by-step user manual enclosed in the home sleep study kit. Finally, the patient is reminded to call Austin Regional Clinic with any questions or concerns.

Patient Signature: _____

ARC Staff Signature: _____

ARC Physician Signature: _____