



A PARTNERSHIP  
UNITY POINT-ST. LUKE'S HOSPITAL • MERCY MEDICAL CENTER • PHYSICIANS' CLINIC OF IOWA

## EASTERN IOWA SLEEP CENTER

600 7TH STREET SE • CEDAR RAPIDS, IA 52401 • PHONE.319.362.4433 • TOLL FREE.877.361.4433 • FAX.319.362.4466 • EISLEEP.COM

### Insurance Pre-Authorization (PA) Worksheet

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

DOB: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Sleep study is scheduled for: \_\_\_\_\_

**Step One: When calling patients insurance you will be asked for your tax ID number. Next steps:**

- Provide Eastern Iowa Sleep Center and Tax ID # 260310416 for referral pre-authorization to the insurance company.
- Obtain Pre-Authorization for 95810 & 95811 In-Lab or 95806 Home Study.
- Obtain Pre-Authorization for a child under 6 years of age - CPT 95782
- Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_
- Code(s) approved: \_\_\_\_\_
- Pre-Authorization # \_\_\_\_\_
- Reference # \_\_\_\_\_
- Dates permitted that PA is good for: \_\_\_\_\_  
(example is 3/1/2017 to 3/15/2017).
- Name of insurance representative \_\_\_\_\_  
date \_\_\_\_\_ time: \_\_\_\_\_
- Direct # representative can be reached \_\_\_\_\_

**Step Two: Fax this form to (319)362-4466 24hrs prior to patient's sleep study. Otherwise the patient may be postponed due to no pre-authorization.**

**REMINDER:** please send demographics and Progress Notes containing sleep symptoms if you did not send them with the Referral Order.

Staff Name completing PA \_\_\_\_\_

Thank you!