

VGM INSURANCE

Sleep Studies Supplemental Application

INSURED NAME: _____

1. Who is interpreting or analyzing the results? Who employs this individual?

2. Please describe the testing procedures?

3. Is there a fee for the service? _____ YES _____ NO

4. Are tests administered by a certified Polysomnographic Technologist (PST)? _____
Number of Psts on staff? _____

5. Do you employ a medical director? _____ Medical directors name _____

6. Where is the testing done? (please check all that apply)

_____ Patients Home _____ DME Facility _____ Hospital _____ Sleep Lab

a) Please enclose a list of facility locations

b) How many patients stay overnight at one time? _____

c) What is the ratio of staff to patients _____

Signed

Date

Rev. 0806

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