Physicians Insurance
A Mutual Company
1730 Minor Avenue, Suite 1800
Seattle, WA 98101
(206) 343-7300 (800) 962-1399
F (206) 343-7100

SLEEP MEDICINE QUESTIONNAIRE

1. Practitioner name:____

2. Name of facility where you practice:________________________________

   Address:____

   City:____________________ Zip:__________________ Telephone______________________

3. Hours of operation?____

4. Discharge time for patients?____

5. Will there be a respiratory therapist on duty to monitor the patients during the sleep study?

   ☐ Yes ☐ No

   Please supply the name of the respiratory therapist and his/her qualifications:

   ____

   ____

6. What types of monitoring devices are used? Please include types of equipment used for emergency situations:

   ____

   ____

7. What types of disorders are being treated? ______________________________

   ____

   ____

8. What is the evaluation process for potential patients? ____________________

   ____

   ____

9. What precautionary measures are implemented to prevent the occurrence of sexual misconduct?

   ____

   ____

10. Please attach documentation regarding accreditation as well as a copy of the consent form for patient treatment.

______________________________ ______________________
Signature Date

Washington State law requires us to inform you of the following: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Please return to:

☐ Seattle Office:
Physicians Insurance A Mutual Company
Attn: Underwriting Department
1730 Minor Avenue, Suite 1800
Seattle, WA 98101
(206) 343-7300 (800) 962-1399

☐ Eastern Regional Office:
Physicians Insurance A Mutual Company
Attn: Underwriting Department
421 W. Riverside Avenue, Suite 1200
Spokane, WA 99201
(509) 456-5868 (800) 962-1398

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