Physicians Insurance
A MUTUAL COMPANY

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.