

# Frequently Asked Questions

Q. What time do I arrive?

A. You will need to arrive between 7:30 & 8:00 PM the night of your study, unless prior arrangements have been made.

Q. What time do they wake me up?

A. They normally start to wake up patient between 5-5:30 am, but some exceptions can be made.

Q. Do I have a TV?

A. There is Cable TV in each room.

Q. Do I have my own private bathroom?

A. No, there is 1 bathroom per 2 rooms. They are located right outside your room and no 2 patients are allowed out of their room at the same time, this allows for privacy, and safety.

Q. What do I bring to sleep in?

A. We ask all patients bring sleeping attire, shorts or pants and something to be worn over your undergarments. You may want to bring a change of clothes for the next day.

Q. What do I need to bring?

A. We encourage you to bring any items from home such as special pillows or blankets that may help you sleep better. You will also need to bring toiletries that you might need for your stay.

Q. Do they provide food and drinks?

A. We have decaffeinated coffee, juice and filtered water. There is a microwave and refrigerator available for you to use during your stay at the Lakeside Sleep Center.

Q. Do I take all my medications the day of my study?

A. You will not skip any of your medications unless instructed by your physician.

Q. What if I want to leave early?

A. You can leave, **BUT** if you took a sleep aid you will need to stay the rest of the night without any equipment hooked to you, unless you have a driver that can come pick you up.

# We would like to take this opportunity to welcome you to Lakeside Sleep Center.

You are scheduled to undergo your sleep study on \_\_\_\_\_  
Arrive to the lab between 7:30 PM & 8:00 PM

We would like to tell you about our lab and it's staff members. We have a state of the art Sleep Center which is conveniently located in Lakeview Center just off of 441 in a quiet section of town. At our facility our goal is to create a calm, tranquil, environment while still providing the latest technology in diagnosing and treating sleep disorders. The Lakeside Sleep Center is staffed with Board Registered Technologist with over 40 combined years of experience in Sleep Medicine. Frank J. Montoya, M.D. and Rosemary A. Cirelli, M.D. are dedicated to our patients and making sure they received the best possible care.

We have based the success of our program on our commitment to give our patients excellent, individualized care.

**Enclosed is information that we hope you will find helpful in answering your questions regarding this process. Also enclosed you will find all the necessary paper work that you will need to complete and bring the night of your study.**

We hope you find this information helpful. Please do not hesitate to contact our sleep lab at 352-343-9943 with any questions or concerns you may have.

Please complete the Sleep Diary and any other forms given to you in pen and bring them with you the night of your study(s).

Please make sure your medications are listed, including exact names and dosages. Also, please bring any medications you would normally take at night or the next day. *You will take all your normal medications the day/night of the study unless otherwise directed by your physician.*

To help insure a quality study we ask that you bathed or shower just before you arrive at the sleep lab, and your hair is clean, dry and free of hair spray, gels and conditioners.

**Gentleman:** please be clean shaven unless you have a beard and/or mustache. This will help us to acquire a quality study.

**Do not drink any caffeinated beverages, alcoholic beverage, or take any naps on the day of your testing.**

IMPORTANT!!!\*\*\* If it is dark when you arrive and/or leave our sleep lab, to insure your safety please be sure to use lighted walkways.

We hope you find this information helpful. Please do not hesitate to contact our sleep lab at 352-343-9943 with any questions or concerns you may have.

# What to expect during this process

(this page is if you are a patient of Dr. Montoya or Dr. Cirelli if not please skip this page and next page(s) until you next what to expect during this process if another doctor other than Dr. Montoya or Dr. Cirelli is sending you to our lab )

## **Please carefully read the information below, it is important!!**

When you arrive the night of your study a technologist will greet you and explain the procedures for the test. Electrodes and various respiratory measuring devices will be applied to you to monitor your brain waves, breathing and muscle tension. All patients go to bed around 10:00 pm to 11:00 PM.

The technologist will be present throughout the night of testing and will awaken you in the morning when testing is over.

If you have not heard from our office by 7-10 Business days after your study, please call 352-742-4447 if you are Dr. Cirelli's patient dial extension 221. If you are Dr. Montoya's patient dial extension 203. If you have to leave a message someone will contact you back within 24 hours.) At that time we will inform you if the 2<sup>nd</sup> study is needed or if you need to see the doctor in follow up to discuss your sleep study results. We will leave the decision to the patient if they wish to follow up with the doctor prior to undergoing the 2<sup>nd</sup> part of the test, ***if 2<sup>nd</sup> night is needed***. It is not necessary to see the doctor, it is an option if you have any questions or concerns that you wish to address with the doctor before you undergo the 2<sup>nd</sup> part.

*You will need to review the back of this page for items that you will need to know if you informed you have a sleep disorder and require further testing and treatment. This form will be given to you upon arrival of the 2<sup>nd</sup> night sleep study. It will be placed in your chart and you will be given a copy for your records so that you can refer back to with any questions or concerns you may have.*

Please note this is just information for you to read to help you understand the entire process of diagnosing and treating someone who may have sleep apnea, which will be determined with your 1<sup>st</sup> night sleep study.

If you have already been diagnosed and this is a recheck test for new equipment it is just a nice reminder of the steps involved.

Yes I want to see the doctor before proceeding with a 2<sup>nd</sup> night, if needed, I do understand that if I demonstrate sever sleep apnea, during This initial study that therapy may be initiated as per my consent to treat forms.

No I do not need to see the doctor before I have 2<sup>nd</sup> night, if needed.

**You will complete this form and bring it to your sleep study, you will be given a copy back for your reference.**

Comments or concerns: \_\_\_\_\_

\_\_\_\_\_

I have read and understand these items.

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Patient name

DOB

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Patient Signature

Date

**This is information you will need to know if you have sleep apnea, and require therapy with equipment.**

**Please initial the questions and sign the bottom of the form if you are returning for the 2<sup>nd</sup> night study or for a re-titration because you are already on therapy.**

We have devised this form to be sure you are informed about all steps in your therapy if you need it

\_\_\_ I am currently using and/or have CPAP/Bi-PAP equipment. I received it in \_\_\_\_\_ month \_\_\_\_\_ year from (if you are unsure you can contact the company who sold you the machine to obtain the exact dates. There should be sticker on the machine with the name and number of the company.)

\_\_\_\_\_ DME Company. I understand unless there is change in my diagnosis or My machine is broken beyond repair I will not be eligible for new equipment for 5 years from the date of my last set up of a new machine under my insurance.

\_\_\_ NO, I am not currently on any type of sleep therapy.

\_\_\_ I understand that I need to have follow up appointment at least 31 days up to 90 days from the day I received my equipment. This is because almost every insurance company requires what they call "compliance". I understand in order to meet compliance I must see the physician who ordered the equipment in a "face to face" evaluation to confirm that the treatment is effective and benefiting you.

\_\_\_ I understand all insurance companies also require that my doctor download the data off my card (located in back of cpap machine) to show that I'm using/wearing the machine at least 4 hours per night. I have been informed that with most insurance, I only have 90 days to show that I have used the machine 4 hours per night for 30 days or they will stop paying for the machine. More than likely, I will have to return it to company that provided the equipment and/or I would have to have another sleep study (that insurance will not pay for) to be able to start back on cpap therapy and have it paid for by Insurance or I would have to buy my equipment my own.

\_\_\_ I understand that I MUST bring my compliance card from my machine to EVERY office visit so the office can download the data from it. The data from this card is important in following my progress, and in helping to identify any issues I may be having.

\_\_\_ I have been informed if I have any issues with my equipment (machine, hoses, filters, supplies), I should contact the company that supplied me the equipment, if it is NOT an equipment issue the equipment company will inform you to contact us or they may contact Lake Pulmonary Critical Care for you.

\_\_\_ I will contact the office if I feel I cannot tolerate the pressures set on the device, or if I am feeling like the therapy is not working, or if I am having an issue tolerating the mask, so that an appointment to see the doctor can be scheduled.

\_\_\_ I understand that once I have shown compliance, *depending on my insurance*, I will still need to be seen at least once every 6 months to a year in order for Lake Pulmonary Critical Care to order any supplies, change any settings on your equipment or a different type of mask. Some insurance, such as Medicare, will require me to be seen in order for them to continue to pay for my resupplies.

\_\_\_ My preference of my durable medical supply company is \_\_\_\_\_ /or \_\_\_ I have no preference. I understand they may not participate with my health insurance plan and another company may need to be used other than my preference.

\_\_\_ Yes, you can order my sleep equipment, if needed. I understand, I will be contacted after the order is sent with the name of the medical supply company and also to schedule a follow up compliance visit with the doctor. A good contact number for me is # \_\_\_\_\_.

**Or**

\_\_\_ No, I want to be contacted before any sleep equipment is order. **Or**

\_\_\_ No, I would like to see the doctor for a visit before equipment is ordered.

Comments or concerns: \_\_\_\_\_

\_\_\_\_\_  
I have read and understand these items.

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

# What to expect during this process if another doctor other than Dr. Montoya or Dr. Cirelli is sending you to our lab

You are now schedule for your sleep study. This study is being performed to see if you have Sleep Apnea or any other type of Sleep Disorder that his causing you to be tired. Once you have completed the study within 48 hours the Doctor who ordered your study will received a faxed copy of the report. If a second study is needed we will contact you to schedule that once the order is received from your Doctor.

When you arrive the night of your study a technologist will greet you and explain the procedures for the test. Electrodes and various respiratory measures devices will be applied to you to monitor your brain waves, breathing and muscle tension. All patients go to bed around 10:00 to 11:00 PM.

The technologist will be present throughout the night of testing and will awaken you in the morning when testing is over.

If you require the second night of the study due to your findings once that study is completed within 48 hours we fax a copy of that study and the report interpreted by Lake Pulmonary Care Physicians, Dr. Frank Montoya or Dr. Rosemary Cirelli to the doctor who ordered your study. Along with that report we will send the recommendations for your doctor on the type of equipment you need so that they can send an order for your Medical Equipment to a Durable Medical Supply Company based on who your insurance plan allows. You will need to be sure you have a follow up appointment to at least 31 days up to 90 days from the day of your set up with the physician who orders your equipment. This is because almost every insurance company requires what they call "compliance". For you to meet compliance you must see the physician who ordered your equipment to see you in a "face to face" evaluation to confirm that the treatment is helping you. All insurance companies also require that there is download the data off your data card to show you are using/wearing the machine at least 4 hours per night. With most insurance you only have 90 days to show you have used the machine 4 hours per night for 30 days or they will stop paying for the machine, and more than likely you will have to return it to company that provided the equipment. Due to these compliance issues we strongly recommend you see your referring doctor as close to the 31 day mark as possible so that if you are having issues they will have time to address them and help you become complaint.

Once you have showed compliance, depending on your insurance, you will still need to be seen at least once every 6 months to a year in order for your referring doctor to order any supply changes, or change any settings on your equipment. Some insurance such as Medicare will require you to be seen in order for them to continue to pay for your resupplies.

It is our pleasure to be here and answer any questions you may have during this process. You may contact the main office at 352-742-4447 with any insurance issues or the sleep lab at 352-343-9943 for test concerns or questions.

Lake Pulmonary Critical Care

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Epworth Sleepiness Scale**

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would doze off or fall asleep during different routine daytime situations. Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS). Each item is rated from 0 to 3 with 0 meaning you would never doze or fall asleep in a given situation, and 3 meaning that there is a very high chance that you doze or fall asleep in that situation.

Use this scale to choose the most appropriate number for each situation:

- |                             |                               |
|-----------------------------|-------------------------------|
| 0 = would never doze        | 2 = moderate chance of dozing |
| 1 = slight chance of dozing | 3 = high chance of dozing     |

Situation	Chance of dozing (0-3)
Sitting and reading	0 1 2 3
Watching Television	0 1 2 3
Sitting inactive in a public place—for example, a theater or meeting	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3
Lying down to rest in the afternoon	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after lunch (when you've not had alcohol)	0 1 2 3
In a car, while stopped in traffic	0 1 2 3
Total Score	

Total: \_\_\_\_\_

Score: 0-10 within normal limits  
>12 pathological sleeping

Preparing for the Study(s)  
Arrive between 7:30 & 8:00 PM  
On \_\_\_\_\_

Please complete the Sleep Diary and any other forms given to you in pen and bring them with you the night of your study(s).

Please make sure your medications are listed, including exact names and dosages. Also, please bring any medications you would normally take at night or the next day. *You will take all your normal medications the day/night of the study unless otherwise directed by your physician.*

To help insure a quality study we ask that you bath or shower just before you arrive at the sleep lab, and your hair is clean, dry and free of hair spray, gels and conditioners.

**Gentleman:** please be clean shaved unless you have a beard and/or mustache. This will help us to acquire a quality study.

**Do not drink any caffeinated beverages, alcoholic beverage, or take any naps on the day of your testing.**

IMPORTANT!!!\*\*\* If it is dark when you arrive and/or leave our sleep lab, to insure your safety please be sure to use lighted walkways.

Please do not hesitate to contact our sleep lab at 352-343-9943 with any questions or concerns you may have.

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

## Insurance

Amount due 24 hours prior to the night of your study: \$\_\_\_\_\_. \_\_\_\_

This is an **estimated** amount that could be due for this study, but due to insurance benefits and contracting it could be more or it could be less.

Please mark the form of payment below

\_\_\_\_\_ I wish to be called 24 hours prior to pay with debit or credit card over the phone

\_\_\_\_\_ I will pay with Exact Cash or check the night of the study.

\_\_\_\_\_ I understand that this is just an estimate of my responsibility that it is based on verbal communication with my insurance and could vary upon processing of the charge due to my contracted benefits. I understand that I am ultimately responsible to know my cost out of pocket for any and all charges and if authorization is needed.

*Please note if you have a payment due any you plan pay with cash you will need to bring exact amount (our employees in the sleep lab do not have the means to give change), or we can apply any change as a credit on your account for your follow up appointment or if you need a 2<sup>nd</sup> sleep study it can be applied towards that, or you can pay by check, debit or credit card.*

### Insurance questions related to Sleep Studies

Q. Does my insurance cover these studies?

A. This varies for individual insurance coverage. We advise all patients to check with their insurance companies to ensure coverage. It is commonly covered by all insurances, HOWEVER benefits and coverage varies for every patient's insurance coverage. This is covered 80% by Medicare and the remaining 20% will be filed to your secondary insurance if you have one. If your secondary insurance does not cover the 20% after Medicare for this study or you do not have a secondary insurance you will be responsible for 20% after Medicare at the time of your study.

Q. What information do I need to call my insurance company to obtain my coverage information for my policy?

A. You will contact your insurance company and tell them you want to know how they cover sleep studies performed in an office setting (be sure they understand that this is not an out-patient testing facility, as they call an Independent Diagnostic Testing Facility, or out-patient hospital, since that can really change the benefit coverage). The procedure code for a 1<sup>st</sup> night sleep study is 95810 and for a 2<sup>nd</sup> night sleep study is 95811.

Q. What is the difference in the two codes? Why is it two charges?

A. 95810 is what they call the base line study, which is how you are diagnosed with sleep apnea or other sleep disorders. 95811 is the test used to determine the type of treatment that will help with your sleep disorder breathing. Since you are at the lab two different nights it is consider two separate tests and that is how it is billed.



Q. How will I know much the test is going to cost me after insurance?

A. You should be informed at the time you are scheduled of any monies due the night of your study. If you wish someone from our billing office to contact you, you may request a phone call and/or you are always welcome to call the insurance department with any questions at 352-742-0194. We use the best technology to obtain your insurance benefits as to the amounts that will be due from you, BUT these are only estimates, and are NOT a guarantee of payment and do NOT change the terms of your policy. The final determination is made at the time the claims are processed by your insurance company and is completely out of our control. Also we are not always told about exclusions on each policy. For any discrepancy you will need to contact your insurance company. All charges will be billed the same for every insurance company. The place of service used is office, as that is how we are contracted with all insurances. If you are schedule to have a 1<sup>st</sup> night study 95810 and we quote you the price, you pay, but then you were severe enough for the technologist to go ahead to perform your titration (which means you HAVE to have a certain amount of apnea episodes very early in the test which is not often), then the procedure will change from 95810 to a 95811 which will change the amount due from you and will receive an additional bill in the mail for the difference in what we collected and what was due, because of the change in the test.

Q. Do you offer payment plans?

A All payments payment we will require a down payment due the night of your 1<sup>st</sup> study which is normal 1/2 of the amount that is due and then you can make monthly payments on the remaining ½ due.

**LAKE PULMONARY CRITICAL CARE**  
Frank J. Montoya, M.D. Rosemary A. Cirelli, M.D., FCCP

**SLEEP HISTORY QUESTIONNAIRE**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Today's date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Neck Circumference: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ # of hours per week \_\_\_\_\_ Shift \_\_\_\_\_

Chief Compliant: \_\_\_\_\_

Have you ever had a Sleep Study? Y or N if yes Where: \_\_\_\_\_ When: \_\_\_\_\_

**Sleep Patterns:**

Bedtime: \_\_\_\_\_ Total Sleep time: \_\_\_\_\_ Hours What time do you fall asleep? \_\_\_\_\_

Wake up time: \_\_\_\_\_ Get up time: \_\_\_\_\_ Do you wake up with a Headache? \_\_\_\_\_

Do you feel refreshed? Y or N Do you have a dry mouth: Y or N

Do you have a bed partner? Y or N (if yes) Do they tell you that you snore? Y or N

What is your sleeping position? Side Back Prone (stomach)

Do you stop snoring if you change your sleep position? Y or N, if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you snore have you been told you can be heard in other rooms of the house? Y or N

Have you been told that you stop breathing while you sleep? Y or N

**Do you have excessive daytime sleepiness? Y or N**

Do you take naps? Y or N if yes how many times?

Per week \_\_\_\_\_ Duration \_\_\_\_\_ Do you feel refreshed? Y or N

Did you have sleep problems in your youth? Y or N

**While sleeping do you have any of the following?:**

Restless Legs Y or N Bad dreams Y or N Night Terrors Y or N Walking in your sleep Y or N

Talking Y or N Have you ever injured yourself: Y or N



# Lakeside Sleep Center

Name: \_\_\_\_\_ Week of \_\_\_\_\_

<b>Note: Start each day after arising from bed in the morning</b>	Day 1 Date:	Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:	Day 6 Date:	Day 7 Date:
Did you NAP? How Often? How long? When?							
Did you consume any alcohol or Non-prescribed Drugs What? How Much? When?							
Are you now taking prescribed Medication? What? How Much? When?							
Have you had any liquid beverages other than water? Coffee, tea, carbonated beverages ) What? How Much? When?							
When did you Go to Bed?							
How long did it take you to fall asleep?							
Did you wake up during the night? How often? How long all together?							
What time was your final awakening?							
What time did you get out of bed?							
How did you feel upon the final awakening?							
How long did you sleep last night?							



# Lakeside Sleep Center

Name: \_\_\_\_\_ Week of \_\_\_\_\_

<b>Note: Start each day after arising from bed in the morning</b>	Day 1 Date:	Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:	Day 6 Date:	Day 7 Date:
Did you NAP? How Often? How long? When?							
Did you consume any alcohol or Non-prescribed Drugs What? How Much? When?							
Are you now taking prescribed Medication? What? How Much? When?							
Have you had any liquid beverages other than water? (Coffee, tea, carbonates beverages) What? How Much? When?							
When did you Go to Bed?							
How long did it take you to fall asleep?							
Did you wake up during the night? How often? How long all together?							
What time was your final awakening?							
What time did you get out of bed?							
How did you feel upon the final awakening?							
How long did you sleep last night?							