

MULTIPLE SLEEP LATENCY TEST (MSLT) INFORMATION AND GUIDELINES

Please read this carefully. Bring this signed form back with you along with your other paperwork.

Name: _____ Date: _____ Time: _____

Primary Insurance: _____ Secondary Insurance: _____ Policy: _____ / _____
Primary Secondary

Co-Pay: \$ _____ Deductible: \$ _____ Your Policies Percentage Amount \$ _____

Amount to bring in the night of your study: \$ _____.

Failure to bring in this amount will result in you being sent home and charged a \$100.00 inconvenience fee.

Co-Pay, Deductible, and Percentages are estimates received from you insurance carrier. ALL insurance carriers give the following disclaimer: “The information given to PSDC does not guarantee payment and or the benefits verified. Claims are subject to review. All terms, conditions, and limitations of the patient’s policy will apply.” Please know your policy. All co-pays, deductibles, and percentages will be collected upon arrival. Please bring your insurance card(s) and a picture ID with you. PLEASE DO NOT ARRIVE EARLY FOR THIS APPOINTMENT. LEAVE ALL VALUABLES AT HOME. PSDC DOES NOT ASSUME ANY RESPONSIBILITY FOR LOST OR STOLEN VALUABLES BROUGHT TO THE FACILITY. We accept the follow forms as payment: checks, cash, and money orders, Visa, MasterCard, Discover and Amex. Cash payments are only accepted in the exact amount. The technologists are unable to make change.

*****There is an administration fee for appointments that are not cancelled with in 48hrs. You will be billed a fee of \$300.00 if you fail to cancel your appointment within the allotted time or fail to show for your appointment.*****

1. Your physician has requested that you undergo a MSLT study. This test is designed to assess your symptoms of excessive daytime sleepiness. In order to maintain the effectiveness of the MSLT test, you must also undergo a Polysomnogram the night before. You will need to arrive at the facility by 8:30PM on your scheduled date and expect to remain at the facility the majority of the following day. In the event the Polysomnogram shows a sleep disorder, the MSLT may be cancelled and you will be sent home in the morning by 6:00AM.
2. The MSLT consists of a series of nap opportunities. These naps are conducted in 2 hour intervals. During the 2 hour interval you will need to maintain wakefulness. At the end of the first 2 hour period you will be asked to return to the bed and “take a nap”. At the end of the nap you will either be awakened or asked to get out of bed. This will be repeated throughout the day, approximately 4 to 5 times. The MSLT will end between 2:00PM and 4:00PM. During the MSLT you will not be able to leave the facility until the test is concluded. A limited breakfast will be available. You cannot have any caffeinated beverages during testing. You will be required to either bring a lunch or have someone bring you lunch. **Lunch is not provided.**
3. **A URINALYSIS WILL BE PERFORMED PRIOR TO THE MSLT** because certain medications can alter the results of the test. Please bring any medications in their original pill bottle, whether prescribed by a physician or over the counter if you will be self-administering medications during your study. **DO NOT TAKE ANY MEDICATIONS WITHOUT FIRST CONSULTING YOUR TECHNOLOGIST.** In the event you do take your medication without the consultation of your technician you will be sent home and will need to reschedule your appointments. This will result in a double charge. **Certain medications are to be discontinued and NOT taken 2 weeks before your appointments.** If you are unable to discontinue these medications two weeks prior, please have your physician’s office call the facility so alternate arrangements can be made to accommodate your situation. Taking these medications will result in an inaccurate test result. Please also consult your physician about any medications that is a stimulant or sedative. The following are examples of the prescriptions that should not be taken: Ambien or a similar sedating medication, Nuvigil, Provigil, Ritalin, Vyvanse or any other stimulant.
4. The sleep room you will be in is just like a regular bedroom with a double bed, a chair, and T.V. You will remain in the same room for the entire time you are at the facility. During the 2 hour intervals you are able to walk around or watch T.V. During the 2 hour wake periods, patients tend to get a little bored, so we suggest that you bring enough items to occupy your time. You may bring books or magazines to read, crossword puzzles, laptops, or tablets, or anything you may like to do that will help pass the time.
5. Along with the standard paperwork we require in order to better understand your history related to sleep, you will be sent a 14-day sleep diary. This diary **MUST be** completed during the two weeks prior to your sleep study. If the sleep diary is not filled out and brought in with you on your scheduled appointment, you will be sent home and will need to reschedule your appointment.
6. **Our billing services are provided by Quest National Billing Services.**
7. **Reading Physicians bill your insurance separately. Their charges are between \$150.00 and \$350.00 depending on the study type.**
8. We will be more than happy to answer any questions. You may contact our day staff, Monday- Thursday between the hours of 8:00AM and 5:00PM

Patient Signature

Date