AWAKEN 2 SLEEP

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PATIENT FINANCIAL CONSENT FORM

PATIENT NAME: _____ **DOB:**_____

Your doctor has ordered a Home Sleep Test (HST) to assess your airway health during sleep. The testing device acquires accelerometer and photoplethysmographic data. The following will be recorded: actigraphy, pulse rate, blood oxygen saturation and peripheral arterial tonometry (PAT) measurements based on the PPG signal.

DATE: Next available unit will be shipped unless a specific date is requested: _____
Please note the unit will be shipped at the above requested date and will arrive 2 – 3 business days later.

You will need to perform the prescribed 2-night Home Sleep Test. Simple instructions are provided with the test. Further instructions including a link and code to use your unit will be provided via email. **keep the home sleep test device with you in case you need additional testing!**

You will also need access to a smart phone with bluetooth capabilities to use this device. If this is not available accommodations can be made.

(Initial)_____I authorize the use/ release of this form and any medical information necessary to process my claims on all insurance submissions.

(Initial)_____ I will permit a copy of this authorization to be used in place of the original

FEE: Your cost for this test is $347

CREDIT CARD AUTHORIZATION

Cardholder Name:_____ Expiration: _____

Account Number:_____ CVV: _____

(Sign) _____ _____
Signature **Date**

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services, including copays, late fees, restocking fees, device replacement fees and insurance reimbursement amounts described above. I understand my credit card will be stored in a PCI-DSS compliant format "on file" for said charges. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.