



Sleep Testing Centers Supplement

Named Insured : _____

1. Does the applicant provide any overnight bed facilities? Yes No
 If YES, how many beds? _____
 If YES, How many patients stay overnight each night? _____
2. Does the applicant perform any treatment or services on the applicant's premises? Yes No
 If YES, please describe? _____

GROSS RECEIPTS AND NUMBER OF TREATMENTS

3. Total Annual Gross Receipts (**last** 12 months) \$ _____
 Total Annual Gross Receipts (**next** 12 months) \$ _____
 (Please Attach Financial Statement Prepared by a CPA)
4. Gross Receipts by Category :
- Sleep Studies _____
 - Rental / Sales of Equipment _____
 - All Other _____

5. Number of Treatments

	Last 12 months	Next 12 months
Sleep Studies		

6. Please indicate if the following policies and procedures are established and adhered to by all staff, including contractors and volunteers. Please explain in an attachment any "NO" answers.
- a. Test result interpretation in lab's name : Yes No
 - b. Consultation in lab's name : Yes No
 - c. Therapy or any treatment procedures : Yes No
 - d. Medical , genetic or drug research : Yes No
 - e. Any type of environmental analysis : Yes No
 - f. Solely mobile in nature : Yes No
 - g. Any services to the public (health fairs, shopping mail exhibits, etc.) : Yes No

7. Who is interpreting or analyzing the results? Who employs this individual?

8. Please describe the testing procedures.

9. Are tests administered by a certified Polysomnographic Technologist (PST)?

Yes No

Number of PST's on staff : _____

Does the PST score the tests?

Yes No

10. Where is the testing done? *(Please check ALL that apply)*

Patients Home

DME Facility

Hospital

Sleep Lab

a. Please enclose a list of facility locations.

b. What is the ratio of staff to patients? _____

c. Are any staff members left alone with patients? Yes No

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated.

I **UNDERSTAND** that an incorrect or incomplete response could void my coverage.

Signature of Applicant

Date