



Physicians Applying to Interpret Sleep Studies for Sleep Care Solutions

In order to guarantee the optimal management of all patients of Sleep Care Solutions it is required that all physicians reviewing and interpreting sleep studies must meet specific qualifications. Specific requirements are:

- 1) Must have an unrestricted license to Practice Medicine in their respective state.
- 2) Demonstrated specialized training in the diagnosis and treatment of Sleeping Disorders
- 3) Current DEA Certificate

In order for us to verify your qualifications, please provide the following information:

Name: _____ Date: _____

Address of Practice: _____

Street Address/ Suite, City, Zip _____

Tel: (___) _____ Fax: (___) _____ Email: _____

Do you have a current unrestricted license to practice medicine in your respective state? _____ (attach copy).

List any medical specialties for which you have received Board Certification: _____

Have you received specialized training in the diagnosis and treatment of Sleep Disorders? If so, list the name, and dates of that training: _____

Briefly describe your clinical experience in sleep medicine. _____

Do you have a current DEA Certificate? _____ (attach copy)

Have you ever had any adverse legal actions under State or Federal Law related to the delivery of a health care item or service? Y or N (If yes, please describe): _____

Do you currently carry Medical Malpractice Insurance? _____

Languages spoken? _____

Do you participate in Medicare program? If so, please list your UPIN number? _____

What is your NPI number? _____ Is it an individual or group? _____

Course fee is \$250.00. Deposit: \$ _____ Paid Date _____ Pmnt Type/Chk # _____

Credit Card Number _____ Expiration Date _____

Name: _____ CCID _____

Credit Card Billing Address: _____

Billing Phone #: _____ Billing Fax #: _____

Signature Of Applicant

Date

Reviewed and approved by Medical Director

Reviewed and approved by SCS