

30230 Rancho Viejo Road, Suite 200
San Juan Capistrano, CA 92675
Phone: (949) 443-4303 and (949) 443-4114
Fax: (949) 443-4033 and (949) 443-4150

SLEEP DISORDERS CENTER

Patient's Name: _____ **DoB:** _____

CANCELLATION POLICY

Your satisfaction is very important to us. We do understand that changing an appointment is sometimes necessary. If you find that you are unable to make your scheduled appointment, kindly give us 48-hour notice.

If you fail to report for your scheduled sleep study and/or do not call our office to cancel your appointment 48 hours in advance, you will be billed a \$75 room fee which your insurance provider will not cover. _____ (patient's initials)

If you need to cancel your appointment or have any questions, please call (949) 443-4114.

INSURANCE POLICY

Our practice is committed to providing you with the best treatment possible. Each sleep study is a diagnostic tool, similar to x-rays and lab tests. While they are deemed medically necessary, each insurance company plans varies with regard to their specific coverage, benefits, requirements, deductible and co-pay. **KNOWING YOUR INSURANCE BENEFITS IS YOUR RESPONSIBILITY.** _____ (patient's initials)

WAIVER OF LIABILITY

This procedure is considered to be standard of care for the diagnosis of sleep disorders. There are some minor risks you should be aware of. These include: redness of skin from electrodes, paste/scrub and/or tape, drowsiness after the sleep study (you may arrange for transportation in the morning if you feel drowsy). Video recording is necessary and important part of a sleep study. Any photographs or video recordings are strictly limited to what will be contained in your medical record. No likeness will be released to any other party without your explicit consent. By signing this document you agree **ONLY** to have personnel related to your care have access to such media. _____ (patient's initials).

By signing below, you are acknowledging you have read and understand all terms that are outlined in this policy. Should you have any questions or concerns, please feel free to address them with us.

Signature: _____ Date: _____