



## Advanced Respiratory & Sleep Medicine

105 N. Bascom Ave Ste.202

San Jose, CA 95128

P: (408) 993 -1500 F: (408) 993-1521

# New Patient Referral Checklist

In order to accommodate all patient referrals, please provide the following information to proceed with scheduling:

1. **Authorization form/number** for New Patient Evaluation for CPT 99204 / 99205 from Insurance Carrier  
From primary care physician referring to Dr. Sharad K. Dass (HMO patients)  
PCP must submit authorization for referral.  
*\*PPO covered patients are excluded from authorization form*
2. **Advanced Respiratory & Sleep Medicine Referral Form**  
*Please see attached form for provider referral to be completed.*
3. **Patient Medical Records**  
*Please include:*  
Patient Demographics – Insurance Card, Covid Vaccination Card, Identification  
Recent progress notes  
Radiology/Imaging Reports – PET/CT, MRI, Xray  
Blood Work  
Any special diagnostic testing
4. **Advanced Respiratory & Sleep Medicine New Patient Forms**  
*Please find attached forms*

Please FAX all items to secured office at (408) 993-1521 OR  
EMAIL to [info@sleepwellmedicalclinic.com](mailto:info@sleepwellmedicalclinic.com)

Once our team receives all of the necessary documents, your request will be reviewed and a team member will contact you to schedule your appointment.

\*Please be sure to notate the BEST contact number to reach you at.

THANK YOU!