



# Authorization Request

## In-Lab Sleep Study Authorization Form

Utilization Review Department  
Michigan Conference of Teamsters Welfare Fund  
Phone: (313) 964-2400

**Please fax back this completed form for an in-lab sleep study authorization with the supporting medical records to: (313) 496-2939**

**Please be advised that at home sleep studies do not require prior authorization.**

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Contract #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Procedure Code (S): \_\_\_\_\_

Diagnosis Code (S): \_\_\_\_\_

Is this a prior authorization? \_\_\_\_ YES \_\_\_\_ NO

Has this sleep study already been performed? If so, when: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_