



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: _____