

PROVIDER TYPE PROFILE

PROVIDER TYPE	E1	INDEPENDENT TESTING FACILITIES
REIMBURSEMENT TYPE	02	FEE FOR SERVICE EFFECTIVE 11-01-03

CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	01	<p style="text-align: center;">MEDICINE</p> <p style="text-align: center;">MUST MEET ONE OF THE FOLLOWING SETS OF CRITERIA:</p> <p>(1) LICENSED BY ADHS AS AN OUTPATIENT TREATMENT CENTER AND IS ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE.</p> <p>(2) HAS A MEDICAL DIRECTOR WHO IS CERTIFIED BY THE AMERICAN BOARD OF SLEEP MEDICINE (MUST SUBMIT CERTIFICATION), AND HAS A MANAGING SLEEP TECHNICIAN WHO IS REGISTERED BY THE BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGIST. PROOF OF REGISTRATION IS REQUIRED.</p> <p>(3) FOR SLEEP EEGS ONLY, THE PROVIDER MUST HAVE A PHYSICIAN WHO IS A BOARD CERTIFIED NEUROLOGIST. . PROOF OF SPECIALITY CERTIFICATION IS REQUIRED. ADHS LICENSURE IS NOT REQUIRED FOR THE PROVIDER. THE PROVIDER IS REGISTERED UNDER THE PHYSICIAN PROVIDER TYPE.</p>
MANDATORY		
MANDATORY		
OPTIONAL		
OPTIONAL		

SPECIAL INSTRUCTIONS: The owner/provider is responsible for maintaining and providing upon request copies of registration and certification. By signing below you are indicating that the requirements stated above will be kept on file and made available on request.

NAME OF PROVIDER _____ TITLE _____

SIGNATURE _____ DATE _____