



Dear (Mr. / Ms.) _____ You have been scheduled for an Outpatient overnight sleep study on _____, please arrive at 8pm. Arriving any earlier will not expedite your appointment time.

Please report to the visitors front desk at Good Samaritan Hospital- Suffern, NY for your scheduled appointment. The Sleep Center is located on the 2nd floor of the hospital.

YOU MUST BRING PHOTO I.D. WITH YOU TO THE CENTER

For your convenience, you have been pre-registered.

Any questions concerning your insurance and your financial responsibility should be addressed with your insurance company. The Sleep Coordinator who scheduled your study will take care of obtaining any authorization, if required by your insurance company.

You will not hear from the Sleep Coordinator again prior to your sleep study unless there is a problem obtaining authorization or with your insurance status.

Please complete the medication form that is attached to this packet and bring it with you to your study. If you take nightly medications, bring them with you. You should continue to take any daily medications, unless otherwise instructed by a doctor not to do so. If your medications need to be refrigerated, please bring your own cooler.

PLEASE DO NOT BRING VALUABLES OR LARGE SUMS OF MONEY WITH YOU TO THE SLEEP CENTER. There is no safe to lock up valuables/money. The Sleep Center will not be held responsible for your valuables/money brought into the center.

Bring whatever you need at bedtime (robe, slippers, toiletries, shaver, shaving cream, towel, etc.) If you would like to bring your own pillow to feel more comfortable, please do so.

Loose fitting t-shirt and shorts or loose fitting pajamas with button front shirt or sweatpants are recommended. Should you bring snacks/drinks that need refrigeration, please bring your own cooler.

If you are already using a CPAP machine at home and are comfortable with your mask and headgear, feel free to bring it with you. (CPAP study patients only)

Sleep study results take **3 weeks** to receive. Only if necessary, you will be contacted with instructions, otherwise please make sure you have a follow up appointment scheduled for 3 weeks after the date of your sleep study.

If you have questions concerning the testing procedure specifically, please call the Sleep Center at (845) 368-5511 or (845)-368-5512. The staff will gladly assist you.

If cancellation or postponement of your sleep study becomes necessary, please call the Sleep Coordinator at Rockland Pulmonary as soon as possible Monday thru Friday (845) 353-5604 x 230 or x 284. Failure to cancel may result in private payment/collection.

Rockland Pulmonary staff is not available on weekends.... If calling after 1:00 pm on Friday or after 5:00 pm Saturday / Sunday, please call (845) 368-5513 for a Sleep Center Technician.

SLEEP CENTER- DAY OF INSTRUCTIONS

The following instructions must be carried out on the day of your scheduled sleep study.

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Thoroughly shower and bathe your body: Natural body oils and lotions affect the functioning of the equipment used to perform this test.

Shampoo your hair: No conditioners, hairdressing creams, oils, gels or hairspray.

### Male patients:

- Please be clean-shaven.
- Mustache and full beards are acceptable.(razors & shaving cream will not be supplied by the center)

### Female patients:

- Remove nail polish and acrylic nail from your right index finger for Oximeter reading of blood oxygen level.
- Do not wear any make-up, as some electrodes are placed on the face. The skin must be clean & dry in order to get a good connection.

There should be no consumption of alcoholic or caffeinated beverages during the day as they will cause disruption of sleep cycles and therefore alter test results.

You should eat dinner prior to your sleep study appointment.

- No food will be served during your stay.
- If you bring snacks/drinks with you that require refrigeration, Please bring your own cooler.

This test is classified as an Outpatient procedure.

**No visitors** will be allowed to stay with you during your stay.

Should you require special assistance, please make the Sleep Coordinator that scheduled your study date aware, as soon as possible.

## **IMPORTANT INSURANCE INFORMATION**

It is the sole responsibility of the Sleep patient to find out from your medical insurance company the following...

- The type of coverage you have for the procedure.
- If you will have any out of pocket expenses such as deductibles and co-insurance.

This information is for your purposes and you do not need to make the Sleep Coordinator aware of this information unless you intend to cancel.

Please be aware that the Sleep Coordinator WILL NOT obtain this information for you due to medical confidentiality laws.

When calling your insurance company explain the following...

You are scheduled for an Outpatient Sleep study at  
Good Samaritan Hospital, Suffern, NY.

The procedure code for your scheduled sleep study is circled below, should your insurance company require it.

**95810 Polysomnography**

**95811 CPAP titration**      **95811 Split study**

**95811 CPAP re-titration**

**95805 Multiple Sleep Latency test**

**95805 Maintenance Wakefulness test**

**GOOD SAMARITAN HOSPITAL SLEEP STUDIES**

**OPTIONS FOR RELATIVES STAYING WITH PATIENTS FOR SLEEP STUDIES**

**RELATIVES ARE NOT ALLOWED TO SLEEP IN CENTER WITH SLEEP PATIENTS.**

**IF YOU CHOOSE TO STAY FOR PATIENT, THREE OPTIONS ARE AVAILABLE AND LISTED BELOW.**

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- **CARDIAC WAITING ROOM – ACROSS THE HALL FROM SLEEP OFFICE  
2ND FLOOR.**
  - **JEWISH COMMUNITY MEDITATION ROOM  
1ST FLOOR (LOBBY AREA) OF HOSPITAL**
- **CHAVAS HOUSE - ACROSS THE STREET FROM HOSPITAL. FOR  
ARRANGEMENTS**

**CALL 845-425-7877**

**OR**

**RABBI REINER 845-641-1791**

## Prescription Medication Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please list all prescription medications that you are currently taking, along with the dosage and & frequency that the medication is taken. (e.g. once a day, twice a day)**

**Bring this form with you to the Sleep Center on the night of your study.**

**If you must take any nightly medications while at the Sleep Center, you must bring them with you in the original prescription bottle/container.**

**Should you have any questions please call the Sleep Center at 845-368-5512.**

| Medication | Dosage | When Taken |
|------------|--------|------------|
| 1.         |        |            |
| 2.         |        |            |
| 3.         |        |            |
| 4.         |        |            |
| 5.         |        |            |
| 6.         |        |            |
| 7.         |        |            |
| 8.         |        |            |
| 9.         |        |            |
| 10.        |        |            |
| 11.        |        |            |
| 12.        |        |            |