



# Driver's Fee Ticket

Please submit this form along with other SSD REQUIRED Documents after completed Services Fax to: 855.723.3377

Driver Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) - \_\_\_\_\_ Evening/Cell Phone ( ) - \_\_\_\_\_

Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Driver # \_\_\_\_\_

Date of Visit \_\_\_\_\_ Date of Study \_\_\_\_\_ Date of Setup \_\_\_\_\_

Sleep Center Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clinician Name: \_\_\_\_\_ Ordering Physician Name: \_\_\_\_\_

**CPT Codes:**

- \_\_\_\_\_ 99204: NP Visit-Moderate
- \_\_\_\_\_ 99213: Est.Pt.-Comprehensive
- \_\_\_\_\_ 95806-TC: HST **Sure ID Band#**
- \_\_\_\_\_ 95806-26: Physician Interp of HST
- \_\_\_\_\_ 95810-TC: PSG DiagnosticTesting
- \_\_\_\_\_ 95810-26: PSG DiagnosticInterpretation
- \_\_\_\_\_ 99211: New Patient PAP training and setup
- \_\_\_\_\_ E0601: Auto-Pap CPAP purchase
- \_\_\_\_\_ E0562-NU: HeatedHumidifier
- \_\_\_\_\_ E0470 VPAP Auto-Bi-levelPurchase
- \_\_\_\_\_ E0471 VPAP-Adapt Purchase
- \_\_\_\_\_ A7034: Premium CPAP Nasal Mask
- \_\_\_\_\_ A7030: Premium CPAP Full FaceMask
- \_\_\_\_\_ A9279: Initiation ResTraxx/DNDevice
- \_\_\_\_\_ A7036: Chinstrap
- \_\_\_\_\_ A9900: DC Converter

**Walmart, Watkins & Shepard ONLY**

PAP Device SerialNumber	
Restraxx Wireless/DN Serial Number	
Mask Replacement to Lab	
Mask #1 Model Number <b>ONLY</b>	
Mask # 2 Model Number <b>ONLY</b>	

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver Signature (if provided pap)

\_\_\_\_\_  
Date