



TOTAL HEALTH SLEEP SOLUTIONS, INC.

87 S. McLean Blvd., Suite B – South Elgin, IL 60177 – P: 847.888.8311 - F: 847.429.9334

Gap Waiver Initiation

As you know, our practice is Out of Network for all insurance plans. When it comes to your Financial Presentation for treatment, our office protocol is to request a Verification of Benefits (VOB) from your insurance company prior to seeing you for your consultation. Our billing company will always apply for a Gap Waiver which allows us to perform a procedure at the In-Network level which can reduce or eliminate your out of pocket cost. Most of the time our billing company can successfully initiate the process, however, some insurance policies require the patient to initiate the process. When this happens, we ask that the patient call their insurance company with the following information:

1. Call the customer service phone # on the back of your MEDICAL insurance card. You will need to reach a customer service representative.
2. Tell them you wish to initiate a Gap Waiver (Some companies also call it PPO Waiver or Network Exception) for our practice to be processed as one time in network.
3. You need a custom fabricated oral appliance for your sleep apnea.
4. You don't believe there are any network providers in your area.

They may ask you for information about our practice and your treatment:

1. Practice Name: Total Health Sleep Solutions, Inc.
2. Tax ID: 471734787
3. National Provider Identifier # (NPI): 1285035832
4. Rendering Physician: Dr. Anthony Bennardo
5. The unit cost is \$7,250 and will be purchased
6. Billing Code for Oral Appliance: E0486- Custom Fabricated Oral Appliance for the Treatment of Sleep Apnea
7. Diagnosis Code: G47.33- Obstructive Sleep Apnea (adult)(pediatric)

The oral appliance is considered Durable Medical Equipment, or DME. Your insurance may try to direct you to a regular DME provider in your area. Most of these companies provide wheelchairs, walkers, etc. You will need to make sure they understand that this is for a CUSTOM FIT ORAL APPLIANCE. This cannot be provided by a regular DME provider, it needs to be molded and fit by a qualified sleep dentist.

They may give you a pending reference #: _____

Please write the authorization # on the line above and keep for your records.

Finally, they may request that you send them clinical documentation to support the need for the appliance. If this is the case, please obtain a fax number and department we can put the fax attention to, and let our office know so we can send them the information right away. This may include but is not limited to your sleep study, your prescription, any screening tools used such as your sleep assessment or CPAP Affidavit and any diagnostic imaging or radiographs taken.

Please call the office or e-mail Gabby with any authorization numbers, documentation requests or questions regarding your Gap Waiver. You can reach me directly at THSS777@aol.com; or call the main office line at 847-888-8311 and ask for me.

DISCLAIMER

All insurances have different time frames for processing these requests. As a general rule for insurance companies, if the policy requires the patient to initiate the process, the patient will be the only one allowed to follow up on the status. Neither us or our billing company will have access to the status if we attempt to call. Please follow up if you do not hear from them in a week or so. If approved they should give you an authorization number, along with the date span that the authorization is good for. We always suggest you ask them to send a copy of the authorization in writing to you and our office.

Please notify our office of the outcome so we may proceed with your treatment.