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RE:

DOB:

In order for us to file a Medicare claim for our mutual patient named above, we will need the following:

- ☐ Detailed Written Order - signed by the referring physician. If this is checked, a Detailed Written Order will be enclosed for you. Please fill in the physician's name and NPI along with a signature and date. (NO SIGNATURE STAMPS PLEASE)
- ☐ Copy of the most recent Medicare covered sleep study.
- ☐ Report of clinical evaluation before sleep study along with post sleep study evaluation and necessity of oral appliance.
- ☐ Prescription for an oral appliance for treatment of Obstructive Sleep Apnea signed by the referring physician. (NO SIGNATURE STAMPS PLEASE)

Thank you for your cooperation,

Dr. Richard Rozensky