



PennState Health

SLEEP RESEARCH AND TREATMENT CENTER
1214 West End Avenue, Suite 1159
Hummelstown, PA 17036
P: 717-531-8520
F: 717-531-0678 (nursing fax) 717-312-3135 (scheduling fax)

TO: REFERRAL SPECIALIST
Non-HMC Pediatric Sleep Referral Providers

FROM: Sleep Research and Treatment Center

SUBJECT: Information Required for All Pediatric Sleep Patient Referrals

In an effort to expedite the high volume of pediatric sleep referrals from non-HMC providers, we are requesting the following information be included on ALL faxes forwarded to our sleep scheduling staff (FAX 717-312-3135) for processing within our workflow:

1. Clinical note documentation for sleep referral
2. Insurance(s)
 - a. Subscriber Name
 - b. Subscriber Date of Birth
3. Guarantor
 - a. Guarantor Name
 - b. Guarantor Date of Birth

Without the above information, we are unable to assign a medical record number required for the referral/scheduling workflow process.

Thank you.