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.