*Note: Bolded areas should be revised by user.*

Date  
**NAME**

Medical Director

**COMPANY NAME**  
Office Address

City, State, Zip  
  
Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

As a **(patient with a sleep disorder/sleep disorder provider)** and customer, I implore you to revise your policies regarding (testing for sleep disorders/treatment for sleep disorders/other) to be consistent with the American Academy of Sleep Medicine’s published clinical practice guidelines. **(specify reason here)**

Clinical practice guidelines are recommendations for patient care determined through a systematic review of literature and evidence that guide physicians to provide appropriate evaluation, diagnosis, treatment and long-term follow-up and management for patients with sleep disorders. It is critically important that your insurance policies regarding **[testing for sleep disorders (home sleep apnea testing, in-center sleep testing, MSLT, MWT) or treatment for sleep disorders or other issues]** follow the published clinical guidelines in sleep medicine to ensure patients, such as myself/those I work with, receive care that is based on clinical best practices. **[ADDRESS SPECIFIC INSURANCE POLICY NOT CONSISTENT WITH GUIDELINE]**

Patients must be guaranteed that physicians and providers are able to provide the best evidence-based quality care provided through adherence to the clinical practice guidelines without being hindered by insurance policy.

If you have any questions or would like to discuss this issue further, please contact me or the AASM at [policy@aasm.org](mailto:policy@aasm.org). I thank you in advance for reviewing this issue and ensuring your policies allow for the best possible care for patients with sleep disorders.

Sincerely,

**NAME**

**EMAIL ADDRESS and/or TELEPHONE NUMBER**