

# Inquiry for Sleep Apnea Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Clinic or Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the process for a sleep apnea assessment. I have been experiencing [briefly describe symptoms or concerns] and would like to explore the possibility of being evaluated for sleep apnea.

Could you please provide information on the following:

- The steps involved in scheduling an assessment
- Any preliminary tests required prior to the assessment
- Insurance coverage options or costs associated with the evaluation
- Estimated waiting time for appointments

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]