

NEW PATIENT CHECKLIST

Patient: _____

Date: _____

_____ Copy of Drivers License in file

_____ Insurance Verified w/verification form in the file and info in the computer (notes). If ASH, verified on-line & printed copy on file.

_____ Verify that a new patient evaluation was charged in the patients account

_____ Check info put into computer:

***** Always open a cash case first, then add another case (INS/PI/WC, etc.) if needed *****

PERSONAL screen

-all personal info
-referral source

CASE screen

-description of case
-Assign provider
-Managed care profile set
-Edit Comments if necessary (put Rx Exp info, co-pay amt, etc.)

GUARANTOR screen

-Set guarantor 1 info (if new, click new)
-copy patient info

POLICY & COVERAGE (INS, PI or WC ONLY)

-assign payor
-Set responsibility to payor % coverage, set to 100%
-Enter policy ID (ID off ins card OR claim #)
-Enter group # for ins (not WC or PI)

_____ Enter the effective date of coverage (WC or PI is date of injury)
-ASHP only, must enter: group #, effective date of coverage, group name (HealthNet, ex)

CONDITION screen

- Don't worry about Diagnosis - Billing Manager will do
_____ If WC or PI, check appropriate box
_____ Illness/Injury occurred date: WC and PI is the date of injury (specific if it is insurance or cash, enter the first date they are coming in
-Primary Guarantor set

NOTES screen

- Make sure to enter INSURANCE VERIFICATION information
- Date "INS. Verification" initials
- Any co-payment info
- Any MAX or DED

1. _____ Color dot to match case

2. _____ Verify that Thank You Card was sent

3. _____ Verify that REFERRAL CARD was sent

4. _____ If pt has BLUE CROSS/BLUE SHIELD or ASHP was the correct FEE INCREASE form signed? (Acu only)

5. _____ If the patient has a P.O.S. Ins Plan, have you added "Process out of Network" to HCFA space avail. in Edit Comments/CASE tab?

6. _____ Does an ASHP Intake Form need to be swapped with original? - Please give to practitioner to rewrite.

7. _____ Check Intake form for BLOOD DISORDERS, HEPATITIS, HIV +, INFECTIOUS DISEASES - If any are (+), add add'l Biohazard sticker to file

8. _____ FOR MINORS - Did we get the "Consent to Treat Minor" form signed?

Completed by: _____