NEW PATIENT ~ INTAKE CHECK-OFF LIST

Patient Name: _______________________ Appointment Date/Time: ______________________

ALL PATIENTS MUST COMPLETE THE FOLLOWING:
___ Patient Registration Form completed and signed (attached)
___ Authorization for Treatment signed (attached)
___ Privacy Notice Acknowledgement (attached)

ALL PATIENTS SHOULD BRING TO THEIR APPOINTMENT THE FOLLOWING:
___ Photo ID
___ Insurance Cards
___ Copayment money for visit if your insurance requires one
___ List of other Dental/Medical Care Providers you have seen or are seeing- names, addresses and phone numbers
___ List (or bottles) of current medications
___ List of Immunizations (shot record)
___ Advanced Directives, Health Care Proxy, Do Not Resuscitate (DNR) if you have one
___ RHIO Authorization signed (Rushville, Livingston County and Wayne County patients only)

FOR MINOR CHILDREN: (under 18 years of age)
___ Complete Authorization for the Treatment of Minors
___ Bring Proof of Guardianship of minor child if not the biological parent

FOR IMMIGRANTS OR REFUGEES:
___ Bring IOS Forms
___ Bring Refugee Health Assessment

PATIENTS NEEDING FINANCIAL ASSISTANCE BRING THE FOLLOWING:
___ Sliding Fee Application Form (attached)
___ Proof of Household Income for the previous full month for everyone who resides in your home.
___ If self-employed- most current income tax return.
___ Proof of Address
___ Medicaid Denial letter- if you have one

DOC: 5-25-12