**Please be sure to change all items in red font to reflect your own agency procedures.**

*PLACE PATIENT LABEL HERE*

**TASK COMPLETED BY:**

|  |  |
| --- | --- |
| Demographic info to include alias names (may use documentation of alias names policy & forms on DPH/LHD website) |  |
| Ask patient to verify phone, street address, PO box, and race & ethnicity (i.e. what is your phone number, what is your address, etc) |  |
| Ask for identification, copy, place in chart and record date/initials  (may not require **photo id** for STI, CD, IMM or FP) |  |
| Ask about confidentialty - use laminated sheets - record properly in chart – Mark as “no mail if confidential visit”. |  |
| Ask for Medicaid and insurance cards. Obtain Insurance information if able to bill.  (are you an in-network provider?) |  |
| Ask who lives in house and contributes to paying bills & consumption of goods. |  |
| Obtain employer name for all those working/providing income |  |
| Obtain and document proof of income (they should have been advised to bring this when their appointment was made) |  |
| Place copy of income info in chart with date received |  |
| If proof not provided, do income/financial statement (30 days to provide) and place in chart/scan with signatures. |  |
| Do payment plan for those patients with balances due |  |
| Provide/offer notice of privacy practices |  |
| Have patient sign all consents |  |
| Obtain any other signatures that are required for the visit |  |
|  |  |