

New Patient Checklist

Dear Patient:

Listed below are the items, corresponding to your patient type, which you will need to complete prior to starting care in our office. Thank you for your cooperation in completing all items are to ensure that your care goes as smooth as possible. If you have any questions please call us at 471-4221 or 632-4754.

Please bring the following items to your first appointment:

Personal Pay Patients

- Your paperwork, with all areas filled out and signed
**If you cannot complete the paperwork prior to your visit please arrive 15-30 minutes early.*
- Your Driver's License or Identification Card
- Doctor's Referral/Prescription, if applicable

Health Insurance Patients

- Your paperwork, with all areas filled out and signed
**If you cannot complete the paperwork prior to your visit please arrive 15-30 minutes early.*
- Your Driver's License or Identification Card
- Your Health Insurance Card
- Doctor's Referral/Prescription, if applicable
- Please call our office to verify your benefits for our services, so we can explain what your out of pocket co-pays, co-insurance, deductibles, or other costs will be prior to your first visit.

Workers Compensation Patients

- Your paperwork, with all areas filled out and signed
**If you cannot complete the paperwork prior to your visit please arrive 15-30 minutes early.*
- Your Driver's License or Identification Card
- Your Workers Compensation Insurance information, including:
 - Insurance Company Name
 - Adjuster's Name
 - Address
 - Phone Number
 - Fax Number
 - Claim Number
- Doctor's Referral/Prescription, if applicable

Auto Accident and Personal Injury Patients

- Your paperwork, with all areas filled out and signed
**If you cannot complete the paperwork prior to your visit please arrive 15-30 minutes early.*
- Your Driver's License or Identification Card
- Your Auto Insurance Card
- Your Auto Insurance information, including:
 - Insurance Company Name
 - Adjuster's Name
 - Address
 - Phone Number
 - Fax Number
 - Claim Number
- Liability Limits of at-fault policy
- Doctor's Referral/Prescription, if applicable
- A copy of the accident report, if available.
- The At-Fault party's insurance information, including:
 - Insurance Company Name
 - Adjuster's Name
 - Address
 - Phone Number
 - Fax Number
 - Claim Number
 - Liability Limits of at-fault policy