

Staff Documentation

MD – Next Appt _____ - _____ - _____

MD – Last Appt _____ - _____ - _____

Reviewed ALL Accounts in RXNT?

YES NO – if no, do not rely on what patient wrote below

Date “clipped” to all pts _____ - _____ - _____

Benefits done by: _____

Date completed _____ - _____ - _____

Date Emailed to all Billers _____ - _____ - _____

Date called Therapist with results: _____ - _____ - _____

Billers Past Dates Rebilled? YES NO N/A

Mark Biller you Emailed:

- PAM HEATHER TARA
- AMY BRITTANY LAUREN

Today’s Date: _____ - _____ - _____

To be completed by Responsible Party/Patient

List below all family members affected by this change of insurance that are seen at PRA!!

- | | |
|---|---|
| 1. _____ - _____ - _____
patient first name last date of birth | 2. _____ - _____ - _____
patient first name last date of birth |
| 3. _____ - _____ - _____
patient first name last date of birth | 4. _____ - _____ - _____
patient first name last date of birth |

Effective Date of policy: _____ - _____ - _____

Check ALL clinicians affected by this insurance change

- Resis Woods Paul Fabsik Schoenbrod McFaul Godfrey Chang Nawaz Rhee
- Gorman Benson Komarovsky Iqbal Greenwald

Therapist(s) List name(s): _____

Do you want a call regarding new benefits? Yes No Phone #: _____ to call with results.

Relation to the Policy Holder: self spouse child other

Policy Holder’s Name: _____ Policy Holder’s D.O.B: _____ - _____ - _____

Policy Holder SS# _____ - _____ - _____ ***Must be completed! *** Group #: _____

Name of Insurance: _____ ID# _____ Insurance Phone #: _____

Policy Holder’s Place of Employment: _____

Failure to complete ALL this information may result in insurance not being changed in our system timely, could result in services denied if precertification was not obtained prior to change of insurance and may result in full payment due by patient! 3/2020