New Patient Data Collection Form

(This portion of the call will reassure the patients that they have called the right place.)

Name: _____

"Who may we thank for referring you?" _____

"What type of problem are you having?" _____

"How long has this been going on?" _____ **"Result of accident?"** ◯ **Yes** ◯ **No**

"What have you done for this?"

◯ **OTC Meds** _____ ◯ **Massage** ◯ **Saw DC** _____

◯ **Saw MD** _____ ◯ **Other** _____

*(Tell them your doctor has **seen this problem before and has had great results.** Express compassion and concern when speaking to new patients.)*

Appointment Date/Time: _____

"Now I'm going to ask you some questions that will save you time when you are in the office..."

Address: _____ **DOB:** _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____ ◯ **Cell** ◯ **Home**

Email Address: _____

"Do you have some kind of insurance that you'd like us to assist in filing for you?" ◯ **Yes** ◯ **No***

*If answer is No, *"Would you like a Good Faith Estimate* for your out of pocket cost?"*

"Would you please get your insurance/Medicare Card/accident information so we can review it?"

MAJOR MEDICAL INSURANCE

Insurance Company

Phone

Insured

Insured DOB

ID#

Policy#

Group#

Employer

MEDICARE

Traditional Medicare

MBI: _____

Follow Through If Add'l Coverage

◯ True Secondary, or

◯ Supplemental/ Medigap

If Add'l Coverage is selected, gather info at left.

OR

Medicare Advantage Plan

Name of plan: _____

Office participates:

◯ YES ◯ NO**

**A MA plan may require the provider to submit a claim, restrict charges to the limiting fee, and/or require prior notification of non-covered services to the patient.

ACCIDENT / INJURY

Reported? ◯ YES ◯ NO

Insurance Company

Claim#

Adjuster

Phone#

DOI

WORKERS COMPENSATION

Reported? ◯ YES ◯ NO

Supervisor

Phone#

Supervisor or HR

DOI

Claim#

Date: _____ Time: _____

Staff Member: _____

◯ Confirm Office Location NP Paperwork: ◯ Website ◯ Email Discussed Fees/CHUSA ◯ YES ◯ NO

***Offering a Good Faith Estimate is required per the No Surprises Act**