|  |  |
| --- | --- |
| **Task** | **Completed by:** |
|  |  |
| Demographic information 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, race & ethnicity (i.e. what is your phone number?, what is your address?) |  |
| Ask for identification, copy/scan, place in record and document the date and your initials (may not require photo ID for STI, CD, IMM or FP) |  |
| Ask for Medicaid and/or Insurance cards. |  |
| Ask about confidentiality – use laminated cards- if client chooses to be “confidential for today’s visit” then follow policy to document |  |
| Ask who lives in the household and contributes to paying bills and consumption of goods |  |
| Obtain employer name for all those working/providing income |  |
| Obtain and document proof of income |  |
| Place copy of income information in the record and document date received |  |
| If no proof of income given, then do income/financial statement and advise how many days they have to provide proof or will be charged at 100% |  |
| Do payment plan for all clients with a balance due |  |
| Provide/offer Notice of Privacy Practices- document date |  |
| Have client sign all appropriate consents |  |
| Obtain any other signatures that may be required for the visit |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

PLACE PATIENT LABEL HERE