



NEW PATIENT ~ INTAKE CHECK-OFF LIST

Patient Name: _____ **Appointment Date/Time:** _____

ALL PATIENTS MUST COMPLETE THE FOLLOWING:

- ___ Patient Registration Form completed and signed(attached)
- ___ Authorization for Treatment signed(attached)
- ___ Privacy Notice Acknowledgement (attached)

ALL PATIENTS SHOULD BRING TO THEIR APPOINTMENT THE FOLLOWING:

- ___ Photo ID
- ___ Insurance Cards
- ___ Copayment money for visit if your insurance requires one
- ___ List of other Dental/Medical Care Providers you have seen or are seeing- names, addresses and phone numbers
- ___ List (or bottles) of current medications
- ___ List of Immunizations (shot record)
- ___ Advanced Directives, Health Care Proxy ,Do Not Resuscitate (DNR) if you have one
- ___ RHIO Authorization signed (Rushville, Livingston County and Wayne County patients only)

FOR MINOR CHILDREN: (under 18 years of age)

- ___ Complete Authorization for the Treatment of Minors
- ___ Bring Proof of Guardianship of minor child if not the biological parent

FOR IMMIGRANTS OR REFUGEES:

- ___ Bring IOS Forms
- ___ Bring Refugee Health Assessment

PATIENTS NEEDING FINANCIAL ASSISTANCE BRING THE FOLLOWING:

- ___ Sliding Fee Application Form (attached)
- ___ Proof of Household Income for the previous full month for everyone who resides in your home.
- ___ If self-employed- most current income tax return.
- ___ Proof of Address
- ___ Medicaid Denial letter- if you have one