

## **Patient Checklist**

Thank you for choosing Baptist ENT Specialists. To ensure that we provide you with the best and most proficient care, we have provided a checklist to complete prior to your arrival with our facility.

**Medical Records:** Bring all pertinent records from other physicians, hospital summaries, laboratory results, and diagnostic imaging records (CT scans, MRIs, or X-Rays, etc.) and the actual images (this is usually provided on a CD). This information is necessary to ensure that we can provide the most efficient care. Failure to obtain the proper documentation may delay treatment and care.

**Insurance and Financial Matters:** Please bring your insurance card to each appointment as we will copy the information into your chart. This can be time consuming, therefore, we encourage you to arrive 15 minutes prior to your appointment time. Any co-payments, deductible amounts, and/or co-insurance amounts will be collected at the time of service. It is the responsibility of the client/patient to understand the insurance benefits and the financial expectations. Any questions regarding the member's plan can be discussed with insurance by contacting the number listed on the back of the card.

**Insurance Authorization:** Authorizations and pre-certifications may be required for your visit. If your insurance carrier required you to obtain an authorization and/or pre-certification, please check with your primary care office to ensure that the required information has been sent to our facility. If we do not have the required insurance authorizations and pre-certifications 24 hours prior to the appointment date, the appointment will have to be rescheduled.

**Patient Forms:** For your convenience, we have attached our paperwork that will need to be completed prior to your visit with our facility. Please read over the information carefully and ensure that every page has been completely filled out. Incomplete paperwork will delay your visit with our physician which may require the appointment to be rescheduled.

**Minors/ Legal Guardian:** All minors or patients listed under a form of guardianship must be accompanied by a parent or the legal guardian. Please provide documentation of the relationship to the appointment.

Please be aware that the Jacksonville area experiences frequent and heavy construction and traffic. All patients should allow ample time for traveling and parking. It is important to plan accordingly to ensure that you arrive on time. Arriving later than 15 min of your scheduled appointment will require the appointment to be rescheduled.

We look forward to meeting you!



## **Patient Demographics**

## Individual Responsible for the Bill

individual Responsible for			
·	responsible for the bill? Yes N		
•	l proceed to the section, "PATIENT INFORMATI	•	•
First Name:	MI: La	st Name:	
Street Address:		A	Apt/Unit:
City:	Stat	e: Zip:	
Home:	Cell:	Preferred Number:	Home Cell
Patient Information			
First Name:	Ml: La	ast Name:	
Street Address:		Apt/l	Jnit:
-	State	•	
	Cell:		
	Relationshi		
Date of Birth:	Gender:	Gender Preferen	ce:
Marital Status: Married	Single Divorced Widow	•	
		panic Black/African America	n
	White/Caucasian Other Race	Unknown Declined	
Ethnicity: Hispanic/Latin		own Declined	
	Social Security Number:		
Primary Physician:	Refe	erring Physician:	
nsurance Information			
Primary Insurance:	Secondary Insurance:		
Claims Address:	Claims Address:		
City/State/Zip:	City/State/Zip:		
Group Number:	Group Number:		
Policy Number:	Policy Number:		
Subscriber Name:	Subscriber Name:		
	Relationship to Patient:		
•	Subscriber Address:		
	City/State/Zip:		
•	Subscriber DOB:		
	Subscriber Gender:		
	Subscriber SSN:		
		Judgetiber 3314.	
	ited information listed above is accu ete documentation or falsified inform		
Print Nam	ne	Signature	Date