



**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