

Policy/Group #





CHECK LIST- SCHEDULING

Information you will need to SCHEDULE your appointment:

| P | leas | e have the following information ready when you call to make your appointment | |
|---|--|---|--|
| | You | ur name | |
| | You | ur date of birth | |
| | You | ur social security number | |
| | You | ur street address, city, | |
| | | te, zip Your phone | |
| | | mber(s)- cell, home | |
| ш | | ur email address | |
| | ٠ | Do you have a doctor? If you do: | |
| | Na | me of your doctor | |
| | Kn | Know how you would like to receive appointment reminders: home | |
| | ph | phone/mobile/text/email | |
| | | | |
| | If y | you're under 18, you will need RPI : Responsible Party Information | |
| | | Name of Responsible Party | |
| | | Their relationship to you | |
| | | Their date of birth | |
| | | Their street address, city, state, zip code | |
| | Personal Health Insurance Information (yours or your RPI's): | | |
| | 0 | Policyholder's Name | |
| | | Relationship to you | |
| | | Policyholder's Date of | |
| | | Birth Insurance Company | |
| | 0 | • • | |
| | | Insurance ID # | |

CHECK OUT OUR 'FORMS" PAGE!