YMM
your mouth matters

CHECK LIST- SCHEDULING

Information you will need to SCHEDULE your appointment:

Please have the following information ready when you call to make your appointment:

- ☐ Your name
- ☐ Your date of birth
- ☐ Your social security number
- ☐ Your street address, city,
- ☐ state, zip Your phone
- ☐ number(s)- cell, home
- ☐ Your email address
- ☐ **Do you have a doctor? If you do:**
- ☐ Name of your doctor
- ☐ Know how you would like to receive appointment reminders: home
- ☐ phone/mobile/text/email

- ☐ If 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)**:
  - ☐ Policyholder's Name
  - ☐ Relationship to you
  - ☐ Policyholder's Date of
  - ☐ Birth Insurance Company
  - ☐ Insurance ID #
  - ☐ Policy/Group #

CHECK OUT OUR 'FORMS" PAGE!