



PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**PATIENT INSURANCE DATA**

Does patient currently have insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, which insurance? \_\_\_\_\_  
(Blue Cross/Blue Shield, Medicare A Only, Good Sam)

Deductible: \$ \_\_\_\_\_ Co-pay: \$ \_\_\_\_\_

Is patient able to apply for insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes  
(the reason for this question is that some patients do not have a SS# and are undocumented and cannot apply; be sensitive about this question)

If patient has applied for AHCCCS and were denied, ask patient to bring in a copy of the denial form. Date requested: \_\_\_\_\_ Date Provided: \_\_\_\_\_

For children, provide parent with a copy of the AZ KidsCare program. Date given KidsCare form: \_\_\_\_\_

Is patient interested in having someone assist them with applying for healthcare?  
If yes, date provided referral: \_\_\_\_\_ (see No. Country business card or referral slip)

Other comments/information: \_\_\_\_\_

Ask each patient visit: Has patient's insurance status changed since their last visit?

Date: (NO) \_\_\_\_\_

For each patient visit, ask the patient if there are changes to their insurance. If none, write in today's date. If any changes, complete a new form.