New Patient Chart Audit

Partner & Clinic Name: _____

Date: _____

	Case #:
Chart – Patient Tab	**List any error or missing information**
Demographics	
Name – spelled correctly vs Photo ID	
Gender	
Birthdate	
Primary Language	
Primary Phone Number & Type	
Primary Address vs Photo ID/Intake/Patient Face Sheet	
Employer Name	
Email – make sure is entered/selection checked	
Communication Subscriptions • E-statements? Did we ask/explain to patient • Appointment Reminders- Preferred Method	
Referral Tab	
Primary Referring Physician	
Referring MD Diagnosis	
Body Region	
Referral Date (Date of Script)	
Referral Expiration Date (Date of Script Expiration)	
Evaluation Date	
Privacy Date (Date HIPAA was signed)	
Insurance Tab	
Guarantor	
Start Date & End Date of Policy verification	
Primary Insurance Coverage listed vs Scanned Insurance Card(s) • Verify & Confirm Policyholder/subscriber accuracy	
<u>Medicare Secondary Payer form</u> (***only*** applies to Traditional Medicare part B patients)	
Secondary Insurance Coverage listed (if applicable) vs Scanned Insurance Card(s) • Verify & Confirm Policyholder/subscriber accuracy	
Case Files	
New Patient Paperwork scanned w/in 24 hours • Patient Facesheet • Patient Intake and/or Patient Profile Sheet • HIPAA • Consent to Tx • Photo ID • Insurance Card(s) • Script/Referral	