

New Patient Call Sheet

(Required fields in bold)

Today's Date: _____
Staff Initials: _____
PT entered in Practice Mgmt Software?
PT entered in OrthoFi?

PATIENT INFORMATION

Name: _____ **DOB:** _____

PRIMARY CONTACT INFORMATION

Name: _____ **Relationship to PT:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/Cell #: _____ **Home #:** _____

DOB: _____

What's the best email to use to send new patient forms?

Email Address: _____

EXAM DETAILS

Exam Type: ___ **New Patient** ___ **Observation** ___ **Recall Ready** ___ **Phase Two**

Exam Date: _____ **Exam Time:** _____

Do you have dental insurance that we can verify before your appointment?

SUBSCRIBER/INSURANCE INFORMATION

Subscriber Name: _____ **Subscriber DOB:** _____

Subscriber Gender: _____ **Relationship to PT:** _____

Subscriber Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Insurance Carrier (including state): _____

Group Plan #: _____ Group/Employer Name: _____

Subscriber ID/Member #: _____ **OR SSN:** _____

Do you have any additional policies that we can verify before your appointment?

SECONDARY INSURANCE INFORMATION

Subscriber Name: _____ **Subscriber DOB:** _____

Subscriber Gender: _____ **Relationship to PT:** _____

Subscriber Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Insurance Carrier (including state): _____

Group Plan #: _____ Group/Employer Name: _____

Subscriber ID/Member #: _____ **OR SSN:** _____

We're looking forward to meeting you on ____! You're going to love our office!

You'll be receiving an email and text message from OrthoFi with a link to register your account and fill out your patient forms. Is that something you can complete before you come in?

Please arrive 15 minutes early to avoid delaying your appointment and to maximize your time with the doctor. If the doctor recommends treatment during the visit, we can provide you with financial information to get you started that day!

CONFIRMATION CALL CHECKLIST & SCRIPTING

Complete your confirmation calls *two days prior to the patient's exam. Review your OrthoFi dashboard prior to the call!*

✔ **If patient forms are complete:**

Thanks so much for filling out your patient forms. We appreciate it!

✔ **If patient forms are not complete:**

It looks like we still need you to complete your patient forms so Dr. _____ has a chance to review them before your appointment. Would you like us to resend that email with the patient forms link?

STAFF ACTION: Click Action > Resend Exam Email

✔ **If you do not have insurance information:**

While I have you on the phone, could I grab your insurance information so we can have that ready before your appointment?

STAFF ACTION: Click on the patient's name > click the Insurance tab > click Add New Policy

✔ **If insurance icon is orange (Unable to Verify):**

- **STAFF ACTION:** Click on the "I" icon to review the notes on the Insurance Summary Page and ask the patient if they have an updated policy/info for us to check.

✔ *Regarding your appointment, if the doctor recommends treatment during the consultation, we can provide you with financial information and get you started the same day!*

✔ *Please let us know if you have any questions between now and then, otherwise we look forward to seeing you on _____.*