Start Date:	
Doctor:	Logo Here

ChiroTouch: Referral Source, Diagnosis, DOB, Rx Counters, Rx Plan, Case type matches Fee Schedule, Medicare- NO M79.1 or M62.830 as secondary dx

## **NEW PATIENT (NP) CHECKLIST**

PATIENT'S NAME	Exam Date	D2 Date	Copy of Ins. Card	Verify Ins.	Carrier Auth/ Fax Log	Pt Info in Comp Email	Demo- graphics	Waive Clinic Narr.	Alert Package	Referral Source	Pt. Sign In	Ledger Correct		Thank You	ABN	MD Narr	First ADJ. Call	Inform Cons	Close 1,2,3 P.P.	# Rx	Re- assessm ent	D1 SALT
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