

Enrollment Checklist

List of things to complete:

- Questionnaire
- Medication list
- List of Healthcare providers
- List of Allergies

List of things to bring to your appointment:

- MRI or CT scan films and official reports
- A bag with all of your current medication bottles
- Old pain medication bottles, if available
- Insurance Card
- Co-pay
- Driver's license

Please bring the following insurance information:

- Subscriber's name and date of birth: _____
- ID and Group number: _____
- Complete insurance billing address:

- Insurance company's telephone number and contact person:

- Subscriber's employer: _____
- Patient's relationship to subscriber: _____

If Worker's Comp or Auto liability, please bring the following insurance information:

- Date of injury: _____
- Date that you were last able to work. (If applicable): _____
- What is the working diagnosis for the claim: _____
- Patient's claim number: _____
- Name and telephone number of claim's adjustor: _____
- Name and telephone number of case manager: _____
- Name and telephone number of your lawyer: _____