



Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

PIMA LUNG & SLEEP, PC

AMITAB PURI, MD, FCCP, DABSM

PRE CLINIC To Do's FOR FRONT OFFICE

5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

Name: ID# DOS:

Clinic PFT 6 MW 12 MW EKG Echo Vascular

If any of the following are check boxed, please have the documents signed, witnessed & uploaded to GW.

- | | |
|--|---|
| <input type="checkbox"/> Referral | <input type="checkbox"/> HIPPA Policy |
| <input type="checkbox"/> Authorization | <input type="checkbox"/> MR Release |
| <input type="checkbox"/> ABN English | <input type="checkbox"/> Specialty Testing Denial Appeal |
| <input type="checkbox"/> ABN Spanish | <input type="checkbox"/> Simple Admit Acknowledgment Page |
| <input type="checkbox"/> CCOF form | <input type="checkbox"/> Sleep Study Instruction |
| <input type="checkbox"/> Financial Agreement | <input type="checkbox"/> Sleep Study Penalty |

Also other items checked may need uploading to GW or the Registration area updated.

- | | |
|--|---|
| <input type="checkbox"/> GW Demo Info Sheet | <input type="checkbox"/> Preferred Pharmacy |
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Race |
| <input type="checkbox"/> Insurance Cards | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Email | <input type="checkbox"/> Home Phone |
| <input type="checkbox"/> ERC (Emergency Contact) | <input type="checkbox"/> Work Phone |
| <input type="checkbox"/> Address | <input type="checkbox"/> Cell Phone |

There is a Patient Balance on this account that needs to be collected.

- | | |
|-------------------------|-------------------|
| \$ <input type="text"/> | Patient Balance |
| \$ <input type="text"/> | Insurance Balance |
| \$ <input type="text"/> | Deductible |
| \$ <input type="text"/> | Co-Insurance |
| \$ <input type="text"/> | Past Due |
| \$ <input type="text"/> | Collections |