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| Text  Description automatically generated | End of year  Verification of Benefit Checklist |

| Done? | Item | Items Needed to Complete | Who is responsible | Date of 1st Phone Call | Date of 2nd Phone Call |
| --- | --- | --- | --- | --- | --- |
|  | Current demographic sheet | Demographic Sheet completed by family for 2021 |  |  |  |
|  | Copy of front and back of insurance card (Primary & Secondary) | Copy of front/back of insurance card |  |  |  |
|  | Updated AOB signed | Assignment of Benefits sheet signed for the current year |  |  |  |
|  | Updated financial responsibility signed | Financial Responsibility form |  |  |  |
|  | Completed VOB form (with 2 reference #s from two separate phone calls verifying patient’s cost share) | Completed Verification of Benefits Form |  |  |  |
|  | Cost analysis form reviewed with family | Patient’s cost share reviewed with family with approximate estimate of monthly cost |  |  |  |
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