|  |  |
| --- | --- |
| Text  Description automatically generated | End of yearVerification 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 |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |
|[ ]   |  |  |  |  |