

My Goto Dr. Now™

Financial & Insurance Checklist

Patient Advocacy Support Services

Website: www.mygotodrnow.com

Email: info@mygotodrnow.com

Phone: (827) 327-0468

Member Name	_____	Date	_____
Hospital	_____	Room #	_____
Insurance Carrier	_____	Policy #	_____
Physician	_____	Advocate	_____

Insurance Verification

- Insurance information verified
- Coverage confirmed
- Copay and deductible reviewed
- Network provider confirmed

Authorization & Benefits

- Prior authorization obtained (if required)
- Benefits explained
- Referral requirements reviewed
- Estimated patient responsibility discussed

Billing Review

- Itemized charges requested
- Billing questions documented
- Financial assistance options discussed
- Payment plan information received

Insurance Questions

Advocate Notes

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Action Items

Follow-Up Plan

Patient Signature _____

Advocate Signature _____

Date _____

Date _____

Emergency Notice: Call 911 immediately for life-threatening emergencies. My Goto Dr. Now provides patient advocacy support and is not an emergency medical provider.