

# Appointment Checklist

Client Name: \_\_\_\_\_

Needs to Complete

Completed


Insurance Verification (Financial Window)



Vitals



Primary Care Clinic



Podiatrist



Psychiatrist



Lab Work (Lab Care)



Medication (Klein's Pharmacy)



Insurance Card Assistance  
(Recovery Specialist)



Financial Update (Financial Window)



Return in: 1 2 3 4 5 6 1month 2months  
3months



Length of time: 15 30 45 60

Dr/Psychiatrist/APN/RN: \_\_\_\_\_

Reason: \_\_\_\_\_

# Client Insurance Verification Process

