

MUST DO CHECKLIST
Chaser

1. Enter correct name, DOB, mailing address, contact phone, email address and insurance.

2. Check "Booked" module by assignment modality over one-week span. _____
3. Insurance ID number, Group ID, confirm Guarantor/Insured policy holder information (name, DOB, relationship to patient), must be entered and classified correctly per VRC contracts.

4. CRITICAL: Appointments must be booked out far enough in advance to ensure we get Auth/Eligi done. _____
5. Verify correct ordering physician and exam(s) on order: VERIFIED _____
6. Does the order match indications/ICD 10? YES _____ NO _____
**See order change Policy*
7. If authorization is provided by the referring office, does requested procedure on the order match, facility, valid expiration date, and provided authorization CPT code? YES _____ NO _____
** See missing information form*
8. Eligibility (4 parts) – Check Health Care Plan websites:
 - a) Is insurance active? YES _____ NO _____
 - b) Does insurance cover the ordered procedure? YES _____ NO _____
If not, then offer VRC cash price
 - c) Does procedure require authorization? YES _____ NO _____
 - d) What is the patient cost sharing portion of the examination? Co-pay, co-insurance, deductible: \$ _____
 - i. Check Health Care plan websites _____
 - ii. Estimator (Zirmed) _____
 - iii. Contact patient (if necessary) to informed them of a high Time of Service (TOS) collection (\$400. Or higher). _____
9. Preparations: Have the proper preparations been provided to the patient?
YES _____ NO _____
**See Revised 2018 scheduling guidelines or summary prep form.*
10. Labs: Does the exam require laboratory values? YES _____ NO _____
**See Revised 2018 scheduling guidelines.*
11. Priors: Does patient have outside pertinent prior exams? YES _____ NO _____
**Request acquisition of prior through medical records.*
12. Protocol exams with Radiologist: _____
13. Make appropriate notes in MI. _____