**Shore Nutrition Associates**

**Checklist for First Appointment**

 Completed patient registration forms.

 Signed acknowledgement of Health Insurance Portability and Accountability

 Act (HIPAA) and all office policies.

 Authorization for release of information to other health care providers,

 other designees, and third-party payers.

 Copy of front and back of patient's insurance card(s).

 Referral or preauthorization from referring physician for third-party payer.

 Physician's diagnoses with ICD-10-CM code.

 Payment for copay or office visit.

 Superbill and/or receipt.

 Next appointment scheduled.