Dar a Luz Estimate and Checklist

Today's date:		Phone#:		Name:	
SSN:		How did you find us?		DOB:	
Email:				Due date:	
Address:				zip:	
Primary Insurance Co:			Secondary Insurance Co:		
ID#:			ID#:		
Group#:			Group#:		
Relationship to Policy holder:			Relationship to Policy holder:		
Policy holder's employer:			Policy holder's employer:		

OFFICE USE ONLY

Date:

Insurance Benefits

Reg fee

Copays:	Spec	Mat	Max	Notes	
Professional fee:	Ind Ded	Fam Ded	OPX		Prof
Total					
Met					
Rem					
Newborn Fee:	Allowable	Applied to			Newborn
Facility Fee:	Allowable	Applied to			Facility

TOTAL

☐	E: **Inquiry**: Orientation date: _____ Amount due: _____Ins estimate sent: _____
☐	T: **Charting:** ☐ Primary screen complete ☐ EDD in chart# field (ex: 2014.01.01) ☐ Insurance data ☐ Orientation in pt. education ☐ Create Client portal ☐ Send EHR forms 1-6 Midwife appt: _____ ☐ Create EMR Appt ☐ Send EHR Email ☐ EHR Forms done ☐ Electronic baby book ☐ Cancel EMR Appt ☐ Provider ☐ Demographics ☐ Race ☐ Ethnicity ☐ Communication ☐ HIPAA on file (ins. box) ☐ Smoking history ☐ 2nd Timer?
☐	T: **Records**: ☐Release signed ☐ Release faxed : _____ ☐ Release scanned ☐Records received
☐	E: **Financial:** ☐ FA Printed ☐ Ledger note ☐ FA signed ☐ FA copied for client ☐ Payment Plan created ☐ FA Scanned
☐	T: **After First Appt**: ☐ Picture ☐ Scan card ☐ Medicaid Release ☐ Birth book (MP ed) ☐ Partner's Name/Phone/SSN/DOB ☐ **Birth Tracks** ☐ **Google Calendar**
☐	**36 weeks** – Confirm classes complete and in noted MP

First Baby	Subsequent Baby
☐ Regular or BB CBE ☐ Interventions/transfers ☐ Newborn ☐ Breastfeeding ☐ Carseats	☐ Interventions/transfers ☐ Condensed CBE

☐	T: **After birth**: ☐ Scan full Checklist MP
NOTES	

Name: _____

EDD _____

Insurance _____