

AM HUDDLE CHECKSHEET

DATE _____ Team Member _____

PATIENT'S NAME _____ Pronounced _____ ADULT CHILD Age _____

_____ Health History Update _____

_____ C.O.E. (last date) _____

_____ P.O.E. (last date) _____

_____ FMX (last date) _____

_____ BWX Plus "Big Six" (last date) _____

_____ Continuing Care date _____

_____ Insurance Eligibility Confirmed _____

_____ F.A. for current treatment _____

_____ **Patient Portion** _____

_____ **Outstanding Account Balance** _____

_____ Adjustment on F.A. _____

Why? _____

By Whom? _____

_____ Outstanding Treatment _____

What is Next? _____

F/A _____

Scheduled _____

_____ Care to Share _____

_____ NP Info _____
