**Pre-registration script**

*Use this simple pre-registration checklist to ensure you collect all the information needed for an efficient and effective first visit. Adapt the checklist so that the fields match those in your EHR or registration software.*

Hello, this is \_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am calling to verify your account information for your visit on \_\_\_\_\_\_. We gather this information in order to ensure that your registration process is as simple as possible. I will also give you the amount due for your copay or deductible.

**Verify and/or enter the following general patient information.**

| Personal information | | | |
| --- | --- | --- | --- |
| First name | Middle name | Last name | DOB |
| Sex | SSN | Marital status | Preferred language |
| Address | City | State | ZIP code |
| Phone number (home) | Phone number (mobile) | Email address | Preferred method/time of contact |
| Referring physician | Phone number | PCP | Phone number |
| Preferred pharmacy | Pharmacy address | Pharmacy phone number |  |
| Work information | | | |
| Employer | Phone number (work) | Address | City/State/ZIP code |
| Insurance information | | | |
| Guarantor | Address | City | State/ZIP code |
| Insurance company | Plan type | Identification number | Group number |
| Phone number | Specialist copay | PCP copay |  |

**Once the patient is registered, populate the patient’s medical intake information. Use the EHR’s fields to guide the conversation with the patient.**

Please bring in you medication list and all medications that you are currently taking.

| Medications | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication allergies | Current medication(s) | | | Dose(s) | | | Refill(s) needed | |
| Past medical history | | | | | | | | |
| Previous surgery(ies) | Date(s) | | | Laterality | | |  | |
| Chronic condition(s) | Cancer | | | Depression/anxiety | | |  | |
| Family history | | | | | | | | |
| Relative | Chronic condition(s) | | | Cancer | | | Depression/anxiety | |
| Social history | | | | | | | | |
| Alcohol consumption | Tobacco use | | Sexual activity | | Caffeine consumption | | | Exercise |
| Upcoming visit | | | | | | | | |
| Visit purpose/goals | | Symptoms (duration) | | Recent imaging | | Recent laboratory testing | | |
| Relevant MD notes | | Recent hospitalizations | | *Remind patient to bring in relevant documents* | | | | |

If patient is a Medicare beneficiary, be sure to complete the Medicare Secondary Payer form.

According to your insurance company, you have a copay/deductible due of \_\_\_\_\_\_. You can pay for that today with Visa, MasterCard, American Express, or Discover. You can even pay by check over the phone. Which works best for you today?

If the patient says he or she does not want to pay now: (see Patient Payment Collections Script Tip & Tricks) to customize your payment request script)

Please be prepared to pay your portion at the time of your registration. You will also need to bring your insurance card and your license or state ID.

Thank you so much. Have a nice day/evening.

*Source: AMA. Practice transformation series: advanced pre-registration. 2016.*