ELIGIBILITY VERIFICATION CHECKLIST

Confirm coverage before every scheduled visit

Encounter

Patient Name	
Date of Birth	
Date of Service	
Verified By (Staff Initials)	
Verification Date / Time	

1. Scheduling / Pre-Registration

- ☐ Insurance card copies collected (front and back)
- ☐ Photo ID collected and matches patient record
- ☐ Subscriber name, DOB, and relationship to patient recorded
- ☐ Secondary / tertiary coverage identified

2. Coverage Confirmation

- ☐ Payer name, plan name, and product line confirmed
- ☐ Member ID and Group # match card and payer portal
- ☐ Plan effective date confirmed
- ☐ Termination date (if any) confirmed
- ☐ Coverage is active for the date of service

3. Benefits & Financial Responsibility

- ☐ Copay amount for planned service
- ☐ Coinsurance percentage
- ☐ Deductible amount and amount already met YTD
- ☐ Out-of-pocket maximum and amount met YTD
- ☐ In-network vs out-of-network status confirmed

4. Authorization & Referral Requirements

- ☐ Prior authorization requirement for planned CPT/HCPCS codes
- ☐ Referral required from PCP
- ☐ Authorization / referral number obtained
- ☐ Authorization / referral effective and expiration dates

5. Documentation of Verification Source

Verification Source (Portal / Phone / EDI 271)	

Payer Rep Name (if phone)	
Payer Reference / Call ID #	
Payer Phone Number Used	

6. Notes / Escalation