

ROSARY HALL INSURANCE PRE-CERT CHECK LIST

CLIENT		DOB	SSN
ADMIT DATE	MED REC #		
INS CO.	PRE-CERT #	PRE-CERT FAX #	
POLICY HOLDER		POLICY #	
Ins Staff	Number called: - -	RH Staff	
Comments:			
<input type="checkbox"/> IOP	<input type="checkbox"/> Assessment	<input type="checkbox"/> Individual	from / / thru / /
<input type="checkbox"/> Detox	<input type="checkbox"/> Partial	<input type="checkbox"/> Aftercare	AUTH #
DATE CALLED / /	DATE TO CALL / /		
Ins Staff	Number called: - -	RH Staff	
Comments:			
<input type="checkbox"/> IOP	<input type="checkbox"/> Assessment	<input type="checkbox"/> Individual	from / / thru / /
<input type="checkbox"/> Detox	<input type="checkbox"/> Partial	<input type="checkbox"/> Aftercare	AUTH #
DATE CALLED / /	DATE TO CALL / /		
Ins Staff	Number called: - -	RH Staff	
Comments:			
<input type="checkbox"/> IOP	<input type="checkbox"/> Assessment	<input type="checkbox"/> Individual	from / / thru / /
<input type="checkbox"/> Detox	<input type="checkbox"/> Partial	<input type="checkbox"/> Aftercare	AUTH #
DATE CALLED / /	DATE TO CALL / /		
Ins Staff	Number called: - -	RH Staff	
Comments:			
<input type="checkbox"/> IOP	<input type="checkbox"/> Assessment	<input type="checkbox"/> Individual	from / / thru / /
<input type="checkbox"/> Detox	<input type="checkbox"/> Partial	<input type="checkbox"/> Aftercare	AUTH #
DATE CALLED / /	DATE TO CALL / /		
DISCHARGE INFORMATION			
Ins Staff	Number called: - -	RH Staff	
DC DATE / /	DATE CALLED / /	<input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> V.MAIL	
Comments:			
INS.BAK			



**ST. VINCENT CHARITY
 MEDICAL CENTER**
 2351 EAST 22ND STREET
 CLEVELAND, OH 44115
 stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL