HEALTHPOINTE℠

Chart Checklist

Patient Name: Jane A. Smith Account #: _____ M.D.: _____

Appointment Time: _____ ☑ Initial ☐ Follow-Up Last Seen: _____ ☑ TOC from Dr. Dr. Robert Browr

PTP: ☐ Yes ☐ No ☐ Co-TX Provider Dr. Emily White Delayed Claim: ☐ Yes ☑ No

Type of Case (√ one) Decision dated _____

PI: ☑ Eval & Treat ☐ Consult Only w/ Report ☐ Surgical Consult w/ Procedures Performed
☐ Eval & Co-Treat ☐ Consult w/ MRI & Report ☐ Surgical Consultation w/ Report Only

WC: ☐ Eval Only ☐ Eval & Treat ☐ Transfer of Care ☐ AOE/COE ☐ QME ☐ AME ☐ IME

PVT: ☐ PPO ☐ HMO ☐ Cash ☑ Other: HealthGuard Inc.

Body Part(s): Chest

(For WC authorized body parts)

Date Submitted for Authorization:		Post-Op Appointment Date:	
Surgery:	Rx Date: 02/25/2026 ☐ Authorized ☐ Denied	Date of Sx:	Days P-OP:

Body Part(s)/Status: Chest - Approved

Date Submitted for Authorization: 02/25/2026	# Requested 2	# Approved 2	# Modified _____
Physical Therapy:	Rx Date: ☐ Authorized ☐ Denied		# of Visits Comp.
Chiro:	Rx Date: ☐ Authorized ☐ Denied		# of Visits Comp.
Acupuncture:	Rx Date: ☐ Authorized ☐ Denied		# of Visits Comp.

Status: Approved

Date Submitted for Authorization: 02/25/2026	Body Part(s): Chest	
MRI:	Rx Date: ☐ Authorized ☐ Denied	Report in CB? ☐ Yes
CT:	Rx Date: ☐ Authorized ☐ Denied	Report in CB? ☐ Yes
EMG:	Rx Date: ☐ Authorized ☐ Denied	Report in CB? ☐ Yes

Status: Approved

Date Submitted for Authorization: 02/25/2026	Body Part(s): Chest	
FCE:	Rx Date: ☐ Authorized ☐ Denied	Report in CB? ☐ Yes
DME:	Rx Date: ☐ Authorized ☐ Denied	Report in CB? ☐ Yes
Other:	Rx Date: ☐ Authorized ☐ Denied	Report in CB? ☐ Yes

Initial Dictation Complete? ☐ Yes ☐ No **Report in File?** ☐ Yes ☐ No

Med Recs in File? ☐ N/A ☐ Yes ☐ Date Requested: _____ ☐ Status: _____

Meds: ☐ Dispensed ☐ Rx **Other:** _____

Current Meds: _____ ☐ Need Refill **Notes:** _____

_____ ☐ Need Refill _____

_____ ☐ Need Refill _____

_____ ☐ Need Refill _____

Grips? ☐ Yes ☐ No **Girths?** ☐ Yes ☐ No

Today's Date: 03/11/2026 **Form Completed by:** Sarah Davis