

	Field Title	Requires Editing	Phone Form	Web Form	Appointment Scheduled Form	Document Verifaicon Form	Benefit Verification Form
Demographic Info	Who is making the appointment	Yes	x	x			
	What services are you interested in	Yes	x	x			
	When is the best time to call you?		x	x			
	Is there anything else you would like to add?		x	x			
	Parent or Legal Guardian First Name		x	x			
	Parent or Legal Guardian Last Name		x	x			
	Parent or Legal Guardian Phone Number		x	x			
Payment Information	Secure Client Identifier/EHR				x		
	What payment would you like to use for services	Yes	x	x			x
	Policy Number		x				x
	Group ID		x				x
	Insurance Customer Service Telephone Number		x				x
	Secondary Payment if Applicable		x				x
Intake Appointment Information	Service 1 Clinician	Yes			x		
	Date of Intake for Service 1				x		
	Day of Week of Intake for Service 1 Intake				x		
	Time of Intake for Service 1 Intake				x		
	Service Location for Service 1 Intake	Yes			x		
	Service 1 Type	Yes			x		
	Clinician 1 Email Address				x		
	Service 2 Clinician Name	Yes			x		
	Service 2 Clinician Email				x		
	Date of Service for Intake with Clinician 2				x		
	Day of the Week for Intake with Clinician 2				x		
	Time of the Service for Intake with Clinician 2				x		
	Service 2 Location	Yes			x		
	Service 2 Type	Yes			x		
Send Appointment Confirmation				x			
Benefit Verification Information	Service 1 Copay						x
	Service 1 Deductible						x
	Service 1 Co Insurance						x
	Service 1 Amount Due at the Time of Service						x
	Expiration of Coverage for Service 1						x
	Expiration of Secondary Payment						x
	Service 2 Copay						x
	Service 2 Deductible						x
	Service 2 Coinsurance						x
	Service 2 Amount Due at the Time of Service						x
	Does the Primary Insurance Cover Telehealth						x
	Expiration Date of Telehealth with Primary Payment						x
	Does the Secondary Policy Cover Telehealth?						x
	Expiration of Telehealth Coverage with Secondary Payment						x
	Does Telehealth Require a Specific Platform?						x
Telehealth Copay						x	
Send Benefit Verifaicon						x	
Document Review		Yes				x	
	Missing Patient Forms						
		Yes				x	
	Received Patient Formsd						