Intake Summary

Sandwych
sandwych.net
hello@sandwych.co

This document is a summary of your support team, who to communicate with, and how you want to communicate.

INSURANCE			
Insurance carrier:		Network No:	
Member name:		Plan name:	
Group number:		Member customer service phone number:	
BIN:		Pre-authorization:	
Include a copy of the card, front and back.			

SUPPLEMENTAL INSURANCE			
Insurance carrier:		Network No:	
Member name:		Plan name:	
Group number:		Member customer service phone number:	
BIN:		Pre-authorization:	
Include a copy of the card, front and back.			

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DURABLE POA		Physical address:	
Phone number:		Email address:	
When was your last visit?		When is your next visit?	
FINANCIAL SUPPORT			
Account name:		Type of account:	
Have you denied the other person the right of survivorship?			
Notes:			
Name:		Type of account:	
Have you denied the other person the right of survivorship?			
Notes:			
Name:		Type of account:	
Have you denied the other person the right of survivorship?			
Notes:			
Name:		Type of account:	
Have you denied the other person the right of survivorship?			
Notes:			

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MEDICAL POA		Physical address:	
Phone number:		Email address:	
When was your last visit?		When is your next visit?	
PHYSICIAN LIST			
Name:		Practice:	
Phone number:		Email address:	
Physical address:			
When was your last visit?		When is your next visit?	
Diagnosis			
Medication(s) for diagnosis:			
OTC/Physical activities for diagnosis:			
Medical supply equipment:			
Medical supply company name:		Email address:	
Phone number:		Physical address:	
Notes:			

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When was your last visit?		When is your next visit?	
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OTC/Physical activities for diagnosis:			
Medical supply equipment:			
Medical supply company name:		Email address:	
Phone number:		Physical address:	
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SUPPORT TEAM			
Name:		Role:	
Phone number:		Shared Information:	
Email Address:		Physical Address:	
Notes:			
Name:		Role:	
Phone number:		Shared Information:	
Email Address:		Physical Address:	
Notes:			
Name:		Role:	
Phone number:		Shared Information:	
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Notes:			
Name:		Role:	
Phone number:		Shared Information:	
Email Address:		Physical Address:	
Notes:			