

## **New Patient Checklist**

(Please complete all required sections and provide necessary documents)

## **Required Documents**

(Please check each box once completed or provided.)
☐ Picture ID (e.g. Driver's License, State ID, Passport)
☐ Insurance Card(s) (Provide copies of all active insurance cards)
☐ Records Release Form (Signed and completed)
□ RHIO Form (Signed and completed)
☐ Provider list (List of prior Primary Care and prior/current Specialty Care providers)

## **Additional Instructions**

- Please print clearly when filling out all forms.
- Ensure that all sections of the packet are fully completed.
- If you have any questions, please ask the front desk for assistance.

Phone: 315-624-9470 Fax: 315-624-9481