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|  |  | | | HEALTH INSURANCE PORTABILITY  AND ACCOUNTABILITY ACT  Sign In Sheet | | | | | |  |
|  | Please sign-in and notify us if a) you are a new patient; b) your insurance, your phone number or address have changed. | | | | | | | | |  |
|  | **Name** | | **Arrival Time** | | **Appt.**  **Time** | **Appointment With** | **New Patient**  **(✓)** | **Any Change in Insurance Since Last Visit? (✓)** | **Out of the Country Recently**  **(✓)** |  |
|  | 1) | John Smith | hh:mm AM | | hh:mm AM | Dr. Williams | ⃝ | ⃝ | ⃝ |  |
|  | 2) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 3) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 4) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 5) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 6) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 7) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 8) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 9) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 10) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 11) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 12) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 13) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 14) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 15) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 16) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 17) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 18) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 19) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 20) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 21) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
|  | 22) |  |  | |  |  | ⃝ | ⃝ | ⃝ |  |
| 8 |  |  |  | |  |  |  |  |  |  |