The Approach Evaluation Tool

Registration Quality Assurance
Checklist

Patient Name: _____

Account Number _____

Standards	PTS	Yes	No	Standards	PTS	Yes	No
1. MPI Addition	5			8. Insurance Selection & Insurance Information	15		
2. ID/Ins Card Copied/Proof of Address	10			9. Insurance Verification/ Passport Eligibility	5		
3. Account Notes (Proper Documentation)	10			10. Insurance Precertification/Referral/NOA	10		
4. Patient Name and Demographics	10			11. Charity Care Application	5		
5. Guarantor Information/Relative Information	10			12. MSP Questionnaire	5		
6. Dept Loc/Adm Type & Source/Arrival Mode	5			13. Physician Selection	5		
7. Diagnosis/Hospital Service	5			**Total Points**	**100**		

Comments:

If not applicable, please assign Yes points.

Total Yes Points Scored _____

Source: Besler Consulting, Princeton, NJ.