

checklist

2020 Peachtree Rd. N.W. Atlanta, GA 30309 404-352-2020 shepherd.org



Shepherd Center

FINANCIAL CHECKLIST

To the family of: _____

To help you plan for a smooth transition to Shepherd Center, we ask that you begin obtaining the following information prior to admission:

- Copy of your major medical health insurance card** (Need insurance company contact information, the insured person's name, ID and Group numbers and Employer's name and phone number)
- Copy of your Medicare or Medicaid card**
- Confirm Social Security Number and Date of Birth**
- Copy of Auto Insurance Card, Policy Number, Insurance Agent's Name and phone number, and Claim number**

If you are unable to obtain Auto Insurance and Claim Information, please provide:

- Copy of the accident report.** If you are unable to obtain the report, please provide the following:
 - Exact location: (Street intersection, city, state, county)
 - Date of accident
 - Police jurisdiction
- Auto insurance med-pay letter**
- If the injury is a result of an accident on private or public property, please provide:**
 - Location of property
 - Address
 - Phone number and homeowner's policy information.
 - Name of responsible party

If an accident occurred on a retail property, please provide:

- Name of property
 - Location
 - Address
 - Property manager's phone number
- Your attorney's name and contact information**

Shepherd Center assumes no responsibility for costs incurred for medical appointments outside of the hospital requiring ambulance transport or at discharge from the hospital.

If you have any questions or concerns regarding this information, please call the Admissions Office at 404-350-7345. You may provide information directly to your Admissions Liaison or fax directly to Shepherd Center at 404-350-7360.