

Insurance Verification Checklist Infographic

Seven beginner checks before the visit: payer, plan, provider, service, benefits, referral/auth risk, and proof documented.

- TYPE** Infographic
- WHO** Eligibility VAs, schedulers, Medical VAs, billers, and RCM beginners.
- WHEN** Use before practicing benefits verification or front-end claim protection.
- HOW** Read each check from top to bottom; ask what must be verified and what may happen if it is wrong.

Workflow stage: Front-End RCM - insurance verification and benefits review

1. Patient found
Verify the simulated patient/account can be found with the correct plan and date of service.

2. Correct plan
Check payer, plan name, member ID, subscriber, and COB clues.

3. Network
Verify provider and location network status when the plan requires it.

4. Exact service
Match benefits to appointment type, service category, place, and date.

5. Patient share
Check copay, deductible, coinsurance, OOP, visit limits, and exclusions when available.

6. Referral/auth
Flag referral, prior authorization, medical review, or special documentation triggers.

7. Proof
Document source, date/time, reference, result, and next action in safe non-PHI language.

COMMON MISTAKE AVOIDED
Avoid saying active eligibility means the service is covered or will be paid.

NO-PHI REMINDER
Do not use or enter real patient names, dates of birth, insurance IDs, member IDs, claim numbers, medical record numbers, addresses, phone numbers, diagnoses, treatment details, login details, or protected health information. Use fictional data only when practicing.

EDUCATIONAL DISCLAIMER
This resource is for beginner-friendly healthcare admin education only. It is not medical advice, legal advice, coding certification, payer-specific billing authority, a replacement for employer training, or a guarantee of employment. Always verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

SOURCE / REVIEW NOTE
This beginner resource explains general front-end RCM workflow concepts. Requirements can vary by payer, plan, provider type, specialty, place of service, contract, referral rules, authorization rules, and current policy. Verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance. Last reviewed: July 2026.