

Proactive Patient Advocacy Inc.

[www.proactivepatientadvocacy.org](http://www.proactivepatientadvocacy.org)

[proactivepatientadvocacy@gmail.com](mailto:proactivepatientadvocacy@gmail.com)

919-438-4719

**CLIENT ASSESMENT FORM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph#(incl. area code)\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone/email/text)

**HOW CAN WE ADVOCATE FOR YOU**

* Attendance to your provider visit: **\*(fee based service)**
* Virtual \_\_\_\_\_\_\_\_ *$15 p/hr\* (sliding fee scale may also apply)*
* In Person\_\_\_\_\_\_\_ *$30 p/hr\*(sliding fee scale may also apply)*

* How to prepare for my provider visit (*please provide details on next pg*)
* Assistance with understanding my Insurance Plan(s)/Benefits
* Navigating my medical bills **\*(fee based service)** *Base fee $50.00- Fee may vary based on complexity of individual need.*
* Educational/Health webinars or In-Person Seminars (*Specify topic(s) on next pg)*
* INFORMATION: Healthcare POA (Power Of Attorney), Advance Directives, Living Wills
* Caregiver Assistance Referral

**I require preparation to my doctor visit in the following area(s):**

**I would be interested in the following types of webinars/seminars…why?**

**of webinars/seminars…why?**

**Please provide any additional information that you feel is relevant so that we can assist you effectively!!**