



Client Name:	Date of Birth:
Patient Navigator:	Agency:

Health Insurance Pathway

Initiation
Client needs health insurance.

Start date

Assist client and/or family in **completing forms** as directed and submit to appropriate agency.

Date application submitted

Confirm with agency that all forms have been received and have been completed properly.

Completion

Arrange follow-up within 2-6 weeks of application submission to **confirm acceptance or denial** of insurance.

- If **denied, record reasons** in client's record and refer client to other community resources.
- If **accepted, document status**, including insurance number, in client's record.

Date approved

Insurance provider

Insurance number

Record reason if Finished Incomplete (reason denied and referral made):