Provider Comparison Worksheet



	Name:	Name:	Name:
Where is the clinic located?			
What are the clinic's hours?			
Is this provider covered by my insurance? What is my copay?			
Is this provider knowledgeable about any medicines or equipment I use?			
Where can I go for after-hours care?			
Other comments			

Based on what you listed above, choose the provider that is the most convenient option for you. Remember, if you ever feel unsatisfied with a provider, you always have the option to switch to a provider that better suits you!

