



2024 PATIENT REGISTRATION

Today's Date: _____

Provider: _____

PATIENT INFORMATION

Last Name: _____ Frist Name: _____ Middle Name: _____

Date of Birth: _____ Sex: F__ M__ Unknown__ Race: _____ Hispanic: YES NO

Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Cell Phone: _____ other: _____

Email: _____

Pharmacy: _____

PARENT INFORMATION

Parent/Contact 2 First/Last name: _____ Relation to Patient _____

DOB: _____ Cell phone: _____ Single _____ Married _____ Divorce _____

Parent/Contact 2 First/Last name: _____ Relation to Patient _____

DOB: _____ Cell phone: _____ Single _____ Married _____ Divorce _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

INSURANCE INFORMATION

Primary Insurance: _____

Policy ID # _____ Group/Acct# _____

Policy Holder Name: _____ Policy Holder SS# _____ - _____ - _____ D.O.B _____

Secondary Insurance: _____

Policy ID # _____ Group/Acct# _____

Policy Holder Name: _____ Policy Holder SS# _____ - _____ - _____ D.O.B _____

If parents are divorced or separated, please fill out this section:

Who has custody? _____ Are there any legal restrictions preventing a non-custodial parent from consenting to or obtaining information about their child's medical treatment? YES / NO

I hereby grant authorization for Summer Pediatrics to provide medical treatment to my child/children. Additionally, I grant permission to release any medical information that may be required to complete insurance forms, school & camp forms, or for other purposes as needed. I authorize the payment for any medical or surgical benefits directly to Summer Pediatrics, which would otherwise be payable to me under the terms of my insurance. In addition, I acknowledge that if any payments are received by me in error from my insurance company, I will reimburse Summer Pediatrics for those payments. I understand that I am responsible for all co-payments and any charges not covered under my insurance benefits. It is my responsibility to inform Summer Pediatrics of any changes to my insurance. Co-payments are due on the date of service. Furthermore, I acknowledge that Summer Pediatrics, LLC has provided me with a copy of its Notice of Privacy Practices, which outlines how they safeguard health-related information and how I can access this information. I have also received a copy of the Vaccination, Refills, Financial, and Office Policies.

Name: _____ Signature: _____ Date: _____



FINANCIAL & OFFICE POLICIES

Welcome to Summer Pediatrics! Our staff is devoted to providing you with the finest quality health care. We hope that this information will help you to understand how our office functions as well as your responsibilities. **While in our office we kindly ask that you do not eat, drink, or use cellular phones.**

Insurance Plans: I understand that it is my responsibility to confirm with my insurance company that the physician is currently under contract with my plan or can be seen at "out of network" benefits. Any questions about medical, well baby/preventative care, labs/x-rays, and immunization coverage should be directed to my insurance carrier prior to my visits. I agree to be responsible for all Co-payments, deductibles, and non-covered services determined by my insurance plan. I will bring my child's insurance card with me at each visit. I may also be responsible for ancillary charges such as laboratory testing, vision screening, etc. per my coverage. If I change insurance plans, I will inform you immediately. If I fail to inform you of a change in coverage, I will be responsible for the payment of services rendered.

Self-Pay: If I do not have proof of insurance coverage at the time services are rendered, I understand that payment is due at the time of service.

Copayments & past due balances are due at the time of check-in. I will come prepared to pay. Should I have someone other than myself accompany the patient(s) payment arrangements will be set up. I am aware that my account will be charged \$30 for In-sufficient Funds/Returned checks.

Collection Policy: If we must refer your account to a collection agency or law firm to collect any unpaid balance, you will have to pay the collection cost, as well as the unpaid balance. If your account is placed in collection, or if you do not pay the outstanding balance or set up a payment plan, we reserve the right to discontinue our services and send your account into delinquent status. If we take this action, we will send you a medical record release form for your signature so that you may transfer care to a new physician.

Service Fees: You are entitled to one school/camp/daycare form per child per year. Additional forms will require a \$10 fee.

Medical Records Release: Written authorization is required to release medical records. The staff will provide you with a form. Please be aware that there is a charge of \$.65 per page and a \$20 administration fee.

Appointments and Late Arrivals: We require patients to arrive on time for their appointments. When patients are late it is impossible to stay on schedule. If you arrive more than 15 minutes late, you may either be rescheduled so that other patients are not inconvenienced, or you may be seen if the day's schedule permits.

No Shows & Cancellations: We expect patients and parents to give us a 48 hour prior notice if they are not going to keep their appointments. When you commit to an appointment, other patients lose the opportunity of scheduling that date and time, the providers commit their time to you, and often staffing and product orders are arranged. You will be charged \$50 for a missed scheduled appointment. If you do not show to 3 appointments per family, you will be automatically discharged from our practice.

DIVORCE: Unfortunately, some of our families become involved in divorces. We do our best to provide whatever support we can for the child and the family. However, we are the child's advocate and will not become involved in disputes between parents. Divorce does not eliminate the parents' financial responsibility for a child's medical care. It is our policy that the parent or person bringing the child to our office is responsible for payment at the time of the visit regardless of which parent has the ultimate legal obligation to pay for medical care.

Our practice firmly believes that a good doctor/patient relationship is based upon understanding and open communications. Our staff has been instructed to make every effort to clarify any concerns you may have about your account. If you have any questions concerning our policy or need assistance, please contact us. We are here to help.

Name: _____ Signature: _____ Date: _____

Medication Refill Policy

Prescription refills may be requested are only accepted through the portal- Pharmacy request will be denied. Please allow 48 to 72 hours for all prescription refills.

Be advised, this is not considered an urgent matter and that certain prescriptions can only be refilled by the prescribing provider, to promote continuity of care. We DO NOT refill medications we have not prescribed.

If this medication is used daily and you do not have any refills left, please notify us at least 1 week before your prescription runs out. We will review your medical record to determine if a follow-up visit or medication adjustment is needed before refilling the prescription. You can also call and speak to one of our nurses if you are unsure if your child needs to be seen.

ADD/ADHD Medication Refill Request

Needs a follow-up appointment to review the progress of your child is required every 3 months. We ask the parents to notify our office at least 1 week before supply runs out, as it may take 3-4 business days for the prescription to be ready. A parent or an authorized representative may pick up the signed prescription, we DO NOT mail prescriptions. If a refill is requested and there has not been a follow up within the last 3 months, you will be asked to schedule a follow-up visit. Patients must have annual visits to receive Albuterol and Epi-Pen refills.

No further refills will be given until your child has been seen by a provider and is currently on follow-up visits.

Vaccine Policy

We firmly believe in the effectiveness of vaccines to prevent serious illnesses and to save lives.

We firmly believe in the effectiveness of our vaccines.

We firmly believe that children & young adults should receive all the recommended vaccines according to the schedule published by the CDC and the American Academy of Pediatrics. The recommended vaccines schedules are the results of many years of scientific study and data gathering if millions of children by thousands of our brightest scientist and physicians.

The recommended vaccine schedules are the results of many years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers.

The vaccine campaign is a victim of its own success. It is precise because vaccines are so effective at preventing illness that we are even discussing whether they should be given.

Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox, or known a friend or family member whose child died from one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

After the publication of an unfounded accusation (later retracted) that the MMR vaccine caused autism in 1998, many people in Europe chose not to vaccinate their children. As a result, there were large outbreaks of measles, with several deaths from complications from the disease. In 2010, there were more than 3,000 cases of whooping cough in California, with 9 deaths in children under 6 months of age. Many who contracted the illness (and passed it on to infants) had made a conscious decision not to vaccinate.

By not vaccinating your child, you are taking advantage of thousands of others who do vaccinate their children, which decreases the likelihood that your child will contract one of these diseases.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child.

We recognize that the decision regarding how to vaccinate may be a very emotional one for some parents. We will do everything we can to help you understand that vaccinating according to the schedule is the right thing to do. Should you have doubts, please discuss this with your health care provider in advance of your visit. Delaying, or "breaking up the vaccines" to give 1 or 2 at a time over 2 or more visits, goes against expert recommendations and has not been studied to be safe or effective. By delaying, you put your child at risk for serious illness (or even death) and go against what we believe is the best practice as medical providers at Summer Pediatrics.

Finally, if you absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another practice that shares your philosophy. As medical professionals, we strongly believe that vaccinating children on schedule with the currently available vaccines is absolutely the right thing to do for all children and young adults. Again, please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

Name: _____ Signature: _____ Date: _____