

www.childrenspediatrics.com
770.720.MYMD (6963)



Michael G. Anderson, MD, FAAP
Stephanie H. Anderson, ND, RN, CS

happy healthy.®

**CHILDREN'S PEDIATRIC CENTER: EAST MAIN
NEW PATIENT INFORMATION SHEET**

Child's Name Last: _____ First: _____ MI: ___ Male Fem DOB: mo__d__yr__

How did you find us? Web Magazine Ph Book Our St Sign OB or Friend _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Home St Address: _____ City: _____ State: _____ Zip _____

Father: _____ DOB: mo__d__yr__ SS#: _____

Employer: _____ Wk Ph: _____ Cell Ph: _____

Mother: _____ DOB: mo__d__yr__ SS#: _____

Employer: _____ Wk Ph: _____ Cell Ph: _____

Subscriber's Relationship to Child Above: Father Mother Other _____

Primary Insurance Co: _____ Employer: _____

ID#: _____ Group#: _____

Secondary Insurance Co: _____ Employer: _____

ID#: _____ Group#: _____

PLEASE READ, SIGN & DATE THIS FORM

INSURANCE: As The Children's Pediatrics Center East Main serves many families in our community, we must all be good stewards. *Insurance companies require* parents to present their **card at every visit** to help prevent unauthorized use. Insurers also require parents to know their child's own **benefits**, so **call the number on the insurance card**. Parents may prefer a sub-specialist, lab, x-ray, or medicine depending on their plan. Our doctors will always recommend the best for the child regardless of insurance. Parents own choices may (or may not) consider their insurance benefit plan. Regardless of how you pay, your **insurance** company requires all doctors to **collect all co-pays** as a matter of contract. We cannot violate this agreement. Also you are required to **inform** us of any **changes** to your address, telephone and insurance so we can help you collect claims and avoid unnecessary costs to you. We are required to notify you that all the services are due from the time of your visit, even as we await other credit arrangements such as insurance. Your obligation is with the child's doctor and your **medical credit** arrangements are **just as important as other family purchases**.

CREDIT: At The Children's Pediatrics Center we will try to help. Everybody knows that Insurance is only part of our credit arrangements. At times we all wish to defer payments. Even for those who always choose to "pay as-you-go" Children's still asks that all patients establish some arrangements in advance should credit be needed later. This is also for your convenience and peace-of-mind. We will assist patients, at no cost, to apply for a minimal \$250 limit seeking 0.0 % programs. Of course any patient, even after setting up their healthcare credit, can choose **never** to use it. It is a choice that may be reserved for the unexpected. Unexpected balances will pop-up even with insurance. These result from deductibles and uncovered events (ie. missed appointments at \$25 ea without 24 hrs notice - valid emergencies exempted). Predicting these amounts due is impossible at the time a patient receives service, so patients need to apply for some credit arrangement. Few know how banks compel offices to use a collection procedure for balances past-due over 45 days. Unfortunately collection costs will add to balances. Our credit team does not like using these procedures. However, for your benefit our doctors are **kept apart** from this process. Having a separate healthcare credit can help. Also contact your insurer for their late payments on your account over 30 days. Of course, for those who do not qualify or have other good cause, we will consider other arrangements. This is why you met with our credit counselor as part of your introduction to The Children's Pediatrics Center. We know families value this complimentary opportunity.

With an understanding of the preceding necessities I wish to establish pediatric care with The Children's Pediatrics Centers East Main as above.

SIGN: Father Mother Other _____ **DATE** _____