PediaPlace
Pediatrics

New Patient Registration Form

Photograph

Child's Information :

First Name | Middle Name | Last Name

Sex: M F

Date of Birth: M M / D D / Y Y

Race | Ethnicity

Address

City | State | Zip Code

Mother's/ Foster Mother's / Guardian's (Pick One) Information :

First Name | Middle Name | Last Name

Date of Birth: M M / D D / Y Y

Social Security # | Marital Status

Email | Home # | Mobile # | Work #

Do you give us permission to send text messages regarding your child's appointments to the mobile number above?

Y N

Employer Name | Employer Status

Does this Parent/ Guardian reside with child Y N (If No, please list address below)

2950 College Drive Unit 2C, Vineland, N.J. 08360. 856-692-6000 pediaplace@excel-care.com

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Pediatrics

New Patient Registration Form

Father's/ Foster Father's / Guardian's (Pick One) Information :

First Name | Middle Name | Last Name

Date of Birth (M M / D D / Y Y) | Social Security # | Marital Status

Email | Home # | Mobile # | Work #

Do you give us permission to send text messages regarding your child's appointments to the mobile number above? Y N

Employer Name | Employer Status

Does this Parent/ Guardian reside with child Y N (If No, please list address below)

Emergency Contact :

First Name | Last Name

Relationship to Child

Best Contact #

Do you give permission for this person to bring to office?

Y N

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Patient's Insurance Information :

Primary Insurance Name

Policy ID#

Who is the subscriber to the insurance :

Mother / Father / Other (If Other, Please indicate Relationship)

Secondary Insurance Name

Policy ID#

Who is the subscriber to the insurance :

Mother / Father / Other (If Other, Please indicate Relationship)

Pharmacy Information :

Pharmacy Name

Location

Phone #

Patient Portal & More :

How Did You Hear About Our Practice?

Would You Like To Have Access To Our Online Secure Patient Portal?

Y N (If Yes, then Please provide us your Email)

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Other Information :

Is the Patient a newborn?

Y N (If No, then skip to the last section)

If Yes, then read this section & sign below :

Newborn babies are usually covered under their mother's insurance policy for the first 30 days.(This only applies to Commercial insurances). During this time period we ask that you contact your insurance and/or employer directly to enroll the baby. If you are enrolled in a state program kindly contact your caseworker.

I have read and understand the Pediaplace Pediatrics Newborn Insurance Policy.

Parent's / Guardian's Signature

Date

Patient Release :

I certify that the information that I have provided is accurate and correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies(including Medicare) for the purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I am responsible for any balances the insurance company doesn't pay to the provider.

Parent's / Guardian's Signature

Date

Thank You!

PediaPlace
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Vaccination Policy

Pediaplace Pediatrics will not be able to care for families that choose not to vaccinate their children. Effective March 1, 2017, established patients that do not vaccinate will have 30 days to find a new physician. We will assist you with the transition. Patients that are delayed on the required vaccines will be given 30 days to begin to comply with our new policy. If your child is delayed we will provide suitable appointments to get your child's vaccinations up to date.

For many years our physicians have done their best to support families who are concerned about vaccinating their children. Our philosophy has been to provide reasoned information that can help alleviate those concerns and ultimately encourage all parents to comply with the recommendations of the medical community. Unfortunately, there are a fair amount of families that do not vaccinate and the amount is growing. As of March 1, 2017 we have revised our vaccine policy to strictly follow the recommendations of the CDC vaccination guidelines. The physicians at Pediaplace Pediatrics have struggled with this decision but due to the increased potential for our infants and children with chronic medical problems being exposed to vaccine preventable diseases, we have decided to change our vaccine policy. We regret any inconvenience this may cause you and your family. We strive to support you to provide the best medical care for your child/children and vaccines are an important part of that care.

Below are a few links to important information about vaccines. We would be happy to provide copies of these and other peer reviewed articles about vaccine risks, benefits and safety. If you choose to look for medical care elsewhere, we wish you and your family a healthy future (links given) :

- If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities — bit.ly/vyc-hcp
- Clear Answers and Smart Advice About Your Baby's Shots — bit.ly/imm-org
- What if You Don't Vaccinate Your Child? — bit.ly/im-org
- Vaccine Safety : The Facts — bit.ly/vsafe-hc

I have read and understand the Pediaplace Pediatrics Vaccination Policy.

Patient's Name :

First Name

Last Name

Parent's / Guardian's Signature

Date

Thank You!

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PediaPlace
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Medical Appointment Cancellation

No Show Policy

Thank you for trusting your child's medical care to PediaPlace Pediatrics. When you schedule an appointment with PediaPlace Pediatrics we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

Effective May 1, 2018 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours notice will be considered a No Show and charged a $25.00 fee.

- Any established patient who fails to show or cancels/reschedules an appointment without 24 hour notice a second time will be charged a $25.00 fee.
- If a third No Show or cancellation/reschedule without 24 hour notice should occur the patient may be dismissed from PediaPlace Pediatrics.
- Any new patient who fails to show for their initial visit will not be rescheduled.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive the No Show fee. You may contact PediaPlace Pediatrics 24 hours a day, 7 days a week at the number below. Should it be after regular business hours Monday through Friday, or a weekend, you may contact and leave a message with our answering service.

I have read and understand the Pediaplace Pediatrics Newborn Insurance Policy.

Patient's Name :

First Name

Last Name

Parent's / Guardian's Signature

Date

Thank You!

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Well Visit Policy

Attn: All Patients Who Are Scheduled For a Well Child Care

The American Academy of Pediatrics recommends Well Child Care visits on a regular basis for healthy children. Also Insurance Companies and Schools are expecting your child to get a yearly well exam.This process is tracked carefully by your insurance company, and certain parameters are required for us to submit a Well Child Care claim

During your child's Well Child Care visit, the doctor's main focus will be to address the following issues:

- Weight, Height & BMI
- Development
- Physical Exercise
- Diet / Feeding
- Mental Health Screening
- Drugs, Alcohol and Tobacco use, if age appropriate
- Safety
- Immunizations

During a Well Child Care visit patients are welcome to discuss any new or pre existing illness concerns with their PCP but it is important you understand that if new or pre existing health issues are discussed and /or managed during your Well Exam and they require a significant amount of extra time, insurance companies expect the physician to add a "sick visit" to the Well Visit claim. Adding a **sick visit** to your Well Visit does result in a bill for your copay.

Alternatives to this is to change your Well Child Care visit to a sick visit, and reschedule your Well Child Care visit, or return for the sick visit on another day.Please feel free to speak to any staff member during registration and/ or intake to clarify your understanding of the billing process.

Sorry if this is confusing. This is not how we would build the system, but we are required to follow billing and coding regulations. Thank you!

Patient's Name :

First Name

Last Name

Parent's / Guardian's Signature

Date

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PediaPlace
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Medical Release Form

Child #1 :

First Name | Last Name | Date of Birth (M M / D D / Y Y)

Child #2 :

First Name | Last Name | Date of Birth (M M / D D / Y Y)

Child #3 :

First Name | Last Name | Date of Birth (M M / D D / Y Y)

Give the complete names & the addresses of the medical facility or organization you are authorizing your Medical records to be released from :

I authorize :

Phone # | Fax

To send to :

Excelcare Alliance, LLC - Pediaplace Pediatrics

ATTN : Medical Records Department

2950 College Drive Unit 2C

Vineland, N.J. 08360

Phone : (856)-692-6000

Fax : (856)-692-0609

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Medical Release Form

Copies of the following information :

- ☐ All Medical Records
- ☐ Vaccination Record
- ☐ X-ray reports / Laboratory Tests
- ☐ Other (Please describe) _____

Copies of the following information :

- ☐ Continuing Care
- ☐ Personal Copy (Fees May Apply)
- ☐ Insurance Claim
- ☐ Disability Determination
- ☐ Other (Please describe) _____

This authorization is in effect : From M M / D D / Y Y
To M M / D D / Y Y } (Pediod of Time or Event)

Upon the conclusion of that time period or event, this autorization is automatically revoked.

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I further understand that :

- I may refuse to sign this authorization and that my refusal will have no impact on receiving treatment.
- I can inspect or copy any information disclosed under this agreement.
- We continue to offer well child care visits at the office.
- My signing of this document is voluntary.
- I can revoke this autorization at any time and the revocation must be in writing.
- I am entitled to receive a copy of this autorization.

Patient / Legal Guardian Signature

Date