

Middleburg Pediatrics

PATIENT INFORMATION

PLEASE PRINT CLEARLY BLACK INK ONLY!

DATE: _____

Patient Name: _____ Nickname: _____ DOB: _____ Sex: _____

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

Marital Status: _____ Race: _____ Ethnicity: _____

Birth Hospital: _____ Pharmacy Location: _____

Primary Language: _____ SSN: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone #: _____ Relation: _____

If Patient is a minor Please Complete this section.

Father's Name: _____ SSN: _____ DOB: _____

Father's Employer: _____ Employer's Phone #: _____

Mother's Name: _____ SSN: _____ DOB: _____

Mother's Employer: _____ Employer's Phone #: _____

Does the patient have health insurance? Yes _____ No _____

If your response was yes, please list the insurance company's names. Please have your insurance cards available to copy.

Primary Insurance Carrier: _____

Secondary Insurance Carrier: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber Gender: _____ SSN: _____ Subscriber ID #: _____

Subscribers Relationship to patient: _____

I hereby authorize release of information necessary to file a claim(s) with my insurance company and assign benefits otherwise payable to me to Family Medical Centers. I understand I am financially responsible for any balance not covered by my insurance carrier. A copy of this signature shall be as valid as the original.

Do you consent for us to get your child's medication history from his/her previous providers? Y. N

Signature: _____ Date: _____

MIDDLEBURG PEDIATRICS

91 Branscomb Road Suite 3, Green Cove Springs, Florida 32043

Phone 904-861-1034

Fax 904-861-1037

www.morapedcs.com www.dr-connect.com/MEM

New patient welcome letter

Thank you for choosing Middleburg Pediatrics as your medical home, your primary care center. Our health care team is committed to providing your child with the best healthcare possible.

We have become what is known as the "**Patient Centered Medical Home**".

What is a Patient Centered Medical Home?

Patient-Centered means the patient and the patients' provider are at the center of the healthcare. We will provide comprehensive health care, which is focused on all aspect of the child's health and well-being. From vaccinations, social and academic development, to specialty care and acute and chronic care. This process is patient/parent-driven in relationship or in partnering with the provider.

Medical Home begins with our practice, where our professional staff and provider can coordinate the comprehensive care of the child. With a medical home, the quality of care significantly improves and there is less chance for failures.

Patient-centered medical home is an approach to providing total health care where the patient/parent joins a team that includes the provider, our professional staff, any specialist and most importantly.....the patient.

The staff is committed in treating the patient/parent with respect, and dignity. As a PCMH, we take responsibility for the child's ongoing care, including acute and chronic, preventive services and if a specialist is needed. Your care team will coordinate all your health care needs and is committed to making sure that you end every visit with a copy of the child's diagnosis', the child's plan of treatment, any medication sent via escript and when the child's next appointment is. If clarification is needed at check-out, all the parent should do is ask.

The patients' medical home provides *a way* for to be *informed* and *involved* in your health care decisions. *So, what can patient/parent do to help?*

Be an active partner in your care.

Learn what is needed to maintain a healthy environment for your child

Follow the plan that the provider and patient/ have agreed on

If you have questions, ASK

The patient portal-www.dr-connect.com/MEM/. After you give us your email address, we will generate a password, so that you may access your child's health care team and your child's health care information online. This portal allows you to send messages to the child's team, view upcoming appointments, request prescription refills, view test results, view notes about your child's visits, and review your child's plan and treatment. If you have any problems, please call us at 904-861-1034.

WWW.moraped.com- Our website is loaded with information. From patient forms, to education articles, to biographical information about our providers as well as our staff and office hours, visit our website Middleburg/Normandy Pediatrics.

Contact Us-if your child has a medical emergency, call 911 or go directly to the nearest emergency room. If your child illness can wait until the morning call the office at 8 am, 904-861-1034 or 904-652-0870.

Thank-you again, for putting your child's health care in our hands, the **Patient-Centered Medical Home.**

Middleburg/Normandy Pediatrics Health Care Team

This Packet includes

Welcome letter

Practice Information Sheet

PCMH Patient-Provider Agreement

Financial Agreement

Middleburg Pediatrics

www.morapeds.com

PRACTICE INFORMATION SHEETS FOR PATIENTS:

OFFICE HOURS:

Our office is available *Monday- Friday* 8:00 am to 5 pm. Our office is closed from 12pm- 1 pm for lunch but phones are rolled to the answering services and may be reached at 904-861-1034 *during these hours*. Our Physicians are available "after hour" 24 hours per day/365 days per year by calling our phone number and following the prompts. **If you need an appointment, prescription refill or test results, please call during regular business hours or you may visit the web portal at any time.**

URGENT CARE:

WALK IN urgent care is available for all of our registered patients. This service is available *Monday- Friday* 8am- 5pm. Our goal is to provide *urgent medical care* for acute illness within *30 minutes* of your arrival.

APPOINTMENTS:

Middleburg/ Normandy Pediatrics is committed to providing quality care to our patients. To ensure timely continuity of care, we encourage patients to schedule appointments in *advance* at the time of patients check-out. When calling for an appointment, please provide your name, date of birth, telephone number, chief complaint/ reason for the visit, as well as any *updated contact or insurance information.*

While we strive to schedule appointments appropriately, *emergences can and do* occur in Primary Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality of care, *Middleburg/ Normandy Pediatrics*, does not treat patients we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit).

CANCELLATION OF AN APPOINTMENT:

In order to be respectful of the medical needs of our patients please be courteous and call *Middleburg/ Normandy Pediatrics* promptly if you are *unable* to attend your appointment. This time will be reallocated to another patient who is in need of treatment. This is how we can best serve the needs of **all** of our patients.

If it is necessary to cancel your scheduled appointment we require that you call within *24 hours* of your scheduled appointment time. Appointments are in high demand at *Middleburg/ Normandy Pediatrics*, and your early cancellation will give another patient the ability to have access to timely medical care.

We also encourage the patient to utilize the patient portal at www.dr-connect.com/MEM/ which allows the patient to *retrieve test results, office visit summary* along with patient's *plan of treatment*.

Middleburg/Normandy Pediatrics

PCMH Patient-Provider Agreement

Name: _____

Date of Birth: _____

A Patient-Centered Medical Home is a trusting partnership between a provider-led healthcare team and an informed patient/guardian. It includes an agreement between the provider and the patient/guardian that acknowledges the role of each in the total health care program.

As your primary care provider we will:

- Learn about the patient, your family, life situation, and health goals and preferences. We will remember the patients' health history every time you seek care and suggest treatment that makes sense to you.
- Take care of short-term illness, long-term chronic disease, and the patient's all-around well-being.
- Keep guardian up to date on all the patient's vaccines and preventive screening tests.
- Connect guardian with other members of the patients care team (specialists, behavioral healthcare, etc.) and coordinate the patients care with them.
- Be available to the patient after hours for their urgent needs (per Practice Information sheet)
- Notify the patient/guardian of test result in a timely manner.
- Communicate clearly with patient/guardian so they understand the patient's condition (s) and their care plan.
- Listen to the patient/guardians questions and feelings. Middleburg/ Normandy Pediatrics will respond promptly to you in a way you understand.
- Help make the best decisions for the patients care.
- Give the patient/guardian information about classes, support groups, or other services that can help you learn more about your condition and stay healthy.

We trust you, as our patient/guardian, to:

- Know that you are a full partner in your child's care.
- Come to each visit with any updates on medications, dietary supplements, or remedies you're using and questions you may have.
- Let us know when your child sees other health care providers so we can help coordinate the best care for the patient.
- Keep scheduled appointments or call to reschedule or cancel as early as possible.
- Understand the patient's health condition, ask questions about their care, and tell us when you don't understand something.
- Learn about the patient's condition (s) and what you can do to help them stay as healthy as possible.
- Follow the plan that we have agreed is best for the patient's health.
- Take medications as prescribed.
- Call if you do not receive the patients test results within 2 weeks.
- Contact us after hours only if the patients issue cannot wait until the next day.
- If possible, contact us before taking the patient to the emergency room or urgent care.
- Learn about health insurance coverage and contact Middleburg/Normandy Pediatrics if you have questions about the patient's benefits.
- Pay your share of any fees.
- Give us feedback to improve our care for your child.

We look forward to working with you as your child's primary care provider in their patient-centered medical home.

Provider Signature: _____

Date: _____

Patient/Guardian Signature: _____

Date: _____

Middleburg Pediatrics

Financial Policy

As your physician, I am committed to providing you with the best possible medical care. In order to achieve this goal, we need you're your assistance, and your understanding of our company policy.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED:

We accept *cash, personal checks, and all MAJOR credit cards*. Returned checks are subjected to a \$25.00 service fee and *you will lose your privilege to write checks*.

HMO/PPO INSURANCE COVERAGES:

CO-PAYMENTS AND DEDUCTIBLE MUST BE PAID AT THE TIME OF SERVICE. Because we are under contract with these insurance companies, we will file your insurance.

AUTOMOBILE ACCIDENTS:

We do not file with *third party payers* for motor vehicle or other accidents. We do not make *arrangements with any attorneys* to hold your billing until a court case is settled. ***PAYMENT IN FULL IS EXPECTED AT THE TIME OF EVERY VISIT.***

LABORATORY BILLING PROCEDURE:

I have been informed that all laboratory procedure done outside of the office (blood work, cultures, pap smears etc.) will not be included in the charges for *Middleburg/Normandy Pediatrics*. All lab tests are performed by an outside laboratory are billed separately to wither my insurance company or myself. I understand that all charges are not covered by my insurance are *my responsibility*. I will direct any questions regarding a bill or statement from an outside laboratory to the lab. *Middleburg/Normandy Pediatrics* will send my lab specimens to a laboratory that accepts my insurance.

NO-SHOW POLICY:

There will be a *\$35.00 charge* if you fail to show for your scheduled appointment. It is *your responsibility* to notify the office *24 hours* in advance if you are unable to keep your appointment.

CONSENT FOR MEDICAL TREATMENT:

I am the patient, or the patient's duly authorized representative, and do hereby voluntarily consent to and authorize care compassing all diagnostic and therapeutic treatments considered necessary in the judgment of my physician or his/ her designee for myself, my minor child or other. I am aware that the practice of medicine is not an exact science and I acknowledge that *no guarantees* have been made to me as a result of treatments or examinations performed. This form has been fully explained to me and I certify that I understand and accept its contents as noted.

CHILDREN OF DIVORCED PARENTS:

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED, NO MATTER WHO IS RESPONSIBLE BY ORDER OF THE DIVORCE DECREE.

PRIVACY POLICY:

I personally have received a copy of Middleburg/Normandy Pediatrics privacy policy and have been given the opportunity to have my questions, if any, answered.

FINANCIAL AGREEMENT:

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to the contract.
- Not all services are a covered benefit in all contracts. Some insurance companies *arbitrarily* select certain service they will not cover (e.g. yearly physicals and mole removals).

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, *not your insurance company*. ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.

Collection action will be taken for any charges: including those that insurance has not paid, older than 90 days. We realize that emergencies do arise that may affect a timely payment of your account. If *extreme circumstances occur*, please contact us promptly for assistance in the management of your account.

I do hereby *authorize release* to information necessary to file a claim with my insurance company and assign benefits otherwise payable to me, to *Middleburg/Normandy Pediatrics*.

Signature

Date

Signature

Date

Middleburg Pediatrics
91Branscomb Rd Suite 3
Green Cove Springs, Fl. 32043
904-861-1034

Acknowledgement of Receipt of Privacy Notice

We are required by law to provide you with a copy of our *Privacy Policy*. To ensure that our records are accurate, please sign this form and return it to the receptionist to acknowledge that you have been *provided* with a copy of our *notice*.

X _____

Signature of Patient (or Legal Representative)

PRACTICE INFORMATION SHEETS:

RECEIPT ACKNOWLEDGMENT FORM

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the *Middleburg/ Normandy Pediatrics* PRACTICE INFORMATION SHEETS FOR PATIENTS form.

Printed Name

Signed Name

Date

Thank You,

Middleburg Pediatrics Staff

AUTHORIZATION FORM

I, _____ give
_____ permission
to take _____

To Middleburg Pediatrics for:

- | | YES | NO |
|-----------------------------|--------------------------|--------------------------|
| 1) Immunizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Pick up medications | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Receive Instructions | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Generic Medical Care | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Leave message on machine | <input type="checkbox"/> | <input type="checkbox"/> |

X _____ Signature

X _____ Witness

Pharmacy of choice? _____

Location? _____

Physical & Shot Records

To obtain a **certified copy** of a Blue and Yellow form (Physical & Shot Record) you will be charged a fee of \$3.00 CASH for both or \$2.00 CASH for one. **This is CASH ONLY.**

By signing below you understand this office policy and you must pay cash before receiving these forms.

(Forms are no longer required to be colored blue and yellow)

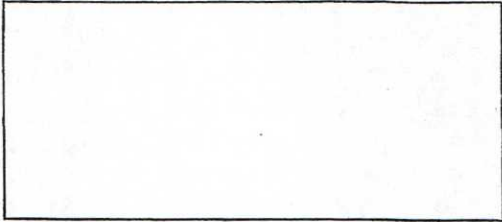
Print Name

Signature

Date

Patient Name/Nombre: _____

Date of Birth: _____ MR#: _____



Risk Factors for Pediatric TB (Tuberculosis)/Factores de Riesgo Para TB (tuberculosis) Pediátrico

- 1. Yes/Si No Are you or the child foreign born? Nacido en el extranjero?
- 2. Yes/Si No Do you have a family history of TB in the past 2 or 3 generations?
Historia familiar de Tuberculosis en las dos generaciones anteriores?
- 3. Yes/Si No Is there an adult with HIV infection in or around the family?
Hay algun adulto con HIV que sea parte de la familia o cercano a ella?
- 4. Yes/Si No Do you have a family member who has been in jail within the past 5 to 10 years?
Tiene un miembro de la familia que haya estado encarcelado en los ultimos 10 años?
- 5. Yes/Si No Do you have or care for foster children who may have risk factors for TB or whose histories are missing? Cuida niños que no son suyos y puedan tener riesgo de Tuberculosis o cuya historia sea desconocida?
- 6. Yes/Si No Do you live in a high-risk neighborhood or in one with migrant families or the homeless?
Vive en un vecindario con familias inmigrantes, personas sin casas, o en resindario de alto riesgo?

Lead Risk Assessment/Assesso de Riesgo De Plomo

- 7. Yes/Si No Does your child eat dirt, soil, or paint chips? Su niño come tierra o pedazos de pintura?
- 8. Yes/Si No Was your home or a frequently visited home (daycare, relative, friend): La casa en que viven o visitan con frecuencia (casa de pacientes o amigos o una escuela guarderia):
 - a. Built before 1978? Fue construida antes de 1978?
 - b. Have recent, on-going, or planned renovations?
Esta hacienda arreglos o renovaciones en la casa ahora o planea hacerlo?
 - c. Have cracked or peeling paint inside or outside?
Tiene pintura que se este pelando o rompiendo?
- 9. Yes/Si No Does the child play near a lead smelter, battery recycling plant, firing range, or other lead-identified industry? Sus hijos juegan cerca de una fabrica de plomo, o planta de reciclo de baterias, o en campos de tiro al blanco?
- 10. Yes/Si No Does the child have regular contact with anyone who: Su niño tiene contacto regular con una persona que:
 - a. Works in lead-related occupations (i.e. smelter, auto battery factory, radiator shop, house remodeling)? Trabaja con plomo (trabaja en una planta de baterias de automoviles o en una tienda de radiadores)?
 - b. Has been diagnosed with lead poisoning such as a playmate or sibling? Haya sido diagnosticado de intoxicacion por plomo, como un amigo o hermano?
 - c. Has hobbies or activities which deal with fishing weights, pottery, ammunition, stained glass, toy metallic soldiers, refinishing furniture, or burning lead painted wood? Tiene hobbies o activadades con plomos de pesca, municiones, juguetes de plomo, alfareria, maderas quemadas con pintura de plomo, vidrio de color?

Parent or Guardian Signature/
Firma de padre o guardian:

Date/Fecha:

Provider Signature:

MIDDLEBURG PEDIATRICS WEB PORTAL

Now you can do everything except see your provider online! No more phone calls, we will call YOU. All we need is your email address to sign you up today!

You will be able to:

- Edit you and your child's personal info
- Send and receive messages from your provider
 - Request and view appointments
 - View your child's chart
 - Request refills and more!

How to log on:

1. Type in web address
2. Sign in with your username and password we gave you
3. You may change password once you're logged in
4. Check you and your child's info and change it if needed

☺ If you have more than one child there is a drop down window on the left hand side of the screen. Choose which child you would like to view.

Please clearly print your Email Address here _____

We will generate a password for you _____

(Do not give this information to anyone. Whoever has this information has access to you and your child's personal information!)

Go to www.dr-connect.com/MFM/ and log in!

IF YOU HAVE ANY PROBLEMS PLEASE FEEL FREE TO GIVE US A CALL AT

904-861-1034

THANKS!