PROGRESSIVE PEDIATRICS

Comprehensive, compassionate, accessible care

Progressive Pediatrics, Inc. Patient Intake Form

Our practice is dedicated to providing the best possible care for your child. In order for us to serve you better, please take a few minutes to answer the following questions. Your answers will be kept strictly confidential as part of your child's medical record.

Child's Last Name _____First name_____
Today's Date_____
Date of Birth___/____/____ Age _____ Gender M __ F __
Child's Social Security #_____- ____ - _____
Patient's Address:
_____
City: _____State_____Zip Code_____
Preferred telephone #_____ Alternate telephone # _____

Parent/Guardian Information:
(Please check if address is the same as patients: ____)

Parent **1** Name:_____ Parent **2** Name: _____
Date of Birth: _____ Date of Birth: _____
Address: _____ Address:_____
City _____State_____Zip _____ City _____State_____Zip___
Preferred telephone #_____ Preferred telephone #_____
Alternate telephone # _____ Alternate telephone # _____
Social Security number_____ Social Security number_____
E-Mail _____ E-Mail_____

Please specify below with a check mark the policy holders primary or secondary Insurance.

Parent Name: _____ Parent Name: _____
Primary Insurance___Secondary Insurance___ Primary Insurance__ Secondary Insurance___
Insurance Carrier: _____ Insurance Carrier: _____
Insurance I.D. #: _____ Insurance I.D. #:_____
Insurance Group #_____ Insurance Group #_____

Is it Ok to leave messages on voicemail of any of the above provided numbers?
Yes___ No ___
From whom did you hear about our practice? _____

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Please list your child's previous Pediatrician's name_____
Preferred Pharmacy_____
Pharmacy Phone #_____
Pharmacy address_____
_____

Does the child have any allergies to any medications? Yes___ No___
If yes, what? _____
Has the child received any immunizations? Yes___ No____ Please provide us with vaccine record.
Has the child ever been hospitalized? Yes___ No____
When? _____
Where? _____
Why? _____
How would you rate this child's health in general?
A. Excellent___ B. Good____ C. Fair____ D. Poor_____
Do you have any concerns about your Child's behavior or development? Yes___ No____
If yes, what? _____
What are your main concerns about your child? _____

Parent financial responsibility:

1) If you receive a coordination of benefits notice from your Insurance, please contact them immediately. This means your insurance carrier believes you have another primary insurance, and will not process or pay your claims until COB is updated. Unfortunately, only the policy holder can provide this information.

2) Parent or guardian is responsible for all co-payments, co-insurance, deductibles and other adjustments made by your insurer(s).

3) It is your responsibility to update any insurance information with our front office receptionists. In the event that your insurance is not valid or your coverage was terminated at the time the services are rendered, you will be solely responsible for the full amount of your office visit and/or any procedures rendered.

I have had the opportunity to read this forms and my questions are answered to my satisfaction. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance left. I also authorize Progressive pediatrics, Inc. or my insurance company to release any information required to process my claims.

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Parent or Guardian signature:

Print Name:_____

Sign:_____ Date:_____

FAQ:

What types of health insurance plans do you accept?

For your convenience, we file most types of insurance, including Medicaid and Kid Carte. For a complete list of insurance companies and accepted plans, visit our Accepted Insurance

What do I need to bring with me to my appointment?

Insurance card, payment, vaccine record, and a list of current prescriptions, as well as over-the-counter medications

In order to see a specialist, do I need a referral from my primary care physician?

To determine whether you need a referral from us before seeing a medical specialist, view the terms of your insurance plan. Often, this information is listed on the insurance card or can be obtained by calling the insurance company. Our medical providers can refer you to a specialist if your Child's health situation requires it or if your health insurance company requires a referral prior to visiting a specialist.

How long does it take to obtain an appointment?

Calling our office at the first sign of illness helps to ensure that you receive an appointment time sooner rather than later. Normally, we are able to schedule same-day appointments for those requiring urgent care.

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Notice of Privacy Practices

This Notice explains how our office may use and disclose your protected health information and your rights regarding how we protect your health information.

Uses and Disclosures:

We may use and disclose your health information for different reasons.

•

Treatment: To assist in your diagnosis and treatment.

•

Payment: In order to bill and collect payment for services provided. For example, to claims processing companies, others that participate in the claims payment process and your health insurance plan to get reimbursed for services.

•

Health Care Operations: For activities necessary such as quality management, utilization review, anti-fraud and claims payment, and as required by industry or government regulators such as state licensing boards, insurance regulatory agencies, and the sponsor of your health plan.

•

Minors: Protected Health Information of minors will be disclosed to their parents or legal guardians, unless prohibited by law.

•

Required by Law: We will use or disclose your Protected Health Information when required to do so by local, state, federal, and international law.

I acknowledge having carefully read this copy of the Notice of Privacy Practices.

Patient Name (Please print)_____

Parent /Guardian Name (please print)_____

Parent/Guardian Signature_____

Date_____

Note: if this acknowledgement is being signed by a legal representative, you must provide a copy of the power of attorney or other relevant document(s) designating you as the legal representative.