

Post Road Pediatrics, LLP

Dear New Patient,

We would like to welcome you to your new medical home. Please find information below regarding our practice and services available to you. We ask that you provide your child's complete medical record including immunizations, growth charts, office notes from all previous primary care physicians, and all specialist reports. Certain insurances require that you update your PCP prior to your first visit so please call and inform them of the change ahead of time. Please also remember to bring your insurance card and co-pay to each visit!

Our office hours are Monday through Friday 8:30am – 5:00pm.

We are also open Saturday mornings starting at 9am (for urgent care by appointment only)

A physician is on call anytime the office is closed

Phone: 978-443-6005

Fax: 978-443-8429

MyChart

Post Road Pediatrics uses **MyChart**, a web-portal that allows patients to access portions of their medical records, send and receive non-urgent messages to/from staff and physicians, schedule certain types of appointments, and more. You can sign up for **MyChart** by calling the office or we can activate your account during your next office visit.

Well Child Care and Vaccine Policy

Post Road Pediatrics follows the American Academy of Pediatrics (AAP) schedule for well child visits and vaccines. **We expect our patients to make and attend routine well child visits and adhere to our vaccine policy.** The physicians at Post Road Pediatrics believe that fully vaccinating your child is one of the most important things we can do to protect your child's health. We understand that the decision to vaccinate may be a difficult one for some parents. If you have concerns, please discuss them with one of the physicians prior to your child's visit. We will do everything we can to reassure you that vaccinating your child according to the recommended schedule is the best way to protect your child. To best protect all of the families we care for, we may ask you to find another provider if you refuse to vaccinate your child despite our recommendations. Failure to attend routine well child visits may also result in discharge from our practice.

Post Road Pediatrics, LLP

Urgent Care

We want to help you avoid unnecessary ER visits! If your child is sick, please call us and speak to our triage nurse for advice or a same-day urgent care visit or come in during our walk-in hours, Monday through Friday 8:30am – 9:30am (excluding holidays). **Please note: Walk-in hours are reserved for minor illnesses (including but not limited to sore throats, ear pain, rashes, common cold, allergy symptoms, pink eye).** For chronic or complex issues, we are happy to schedule a regular appointment. Walk-in hour is for established patients of Post Road Pediatrics only. If it is our very first time seeing your child, please call for a same day sick appointment so that we can give you the appropriate amount of time for your first visit with us. Established patients can also book next day sick visits through MyChart.

Other services/supports

- We have an Integrated Behavioral Health Clinician and Registered Dietitian in our office, available by appointment.
- We have a care coordinator to assist our families and patients with complex medical, developmental, behavioral, and social needs.
- ImPACT® testing is available by appointment (recommended for ALL children 12 years and older who participate in contact sports)

We send a quarterly newsletter and other important updates by email. Please provide us with your email address so we can add you to our list.

To join our Facebook group or to view other updates and information about our practice, please visit our website www.postroadpediatrics.com.

We look forward to providing your medical care!

The Post Road Pediatrics Team

Sana Assaf, MD
John Reap, MD
Brian DiGiovanni, MD
Katherine Medford, MD

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Sudbury, MA 01776
Phone: 978-443-6005
Fax: 978-443-8429

Welcome to
Post Road Pediatrics, LLP

Today's Date _____

Thank you for choosing our practice.

Patient's Name _____ **Date of Birth:** _____
(Last) (First) (MI)

Race: (circle one) Asian Black/African American Caucasian Hispanic Latino
American Indian or Alaska Native Pacific Islander Multiracial Other

Ethnicity: (circle one) Hispanic Non-Hispanic Other

Language: (circle one) English Arabic French German Hindi Mandarin Spanish Vietnamese Other

Street Address: _____ Sex: M F

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different from street address) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Patient's Cell (If >14 yo) _____

Patient email (if >13y) _____

Guardian's Name: _____ **Guardian's Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Date of Birth _____ Date of Birth: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Soc. Sec. #: _____ Soc. Sec #: _____

Sibling(s) Name(s) and Date(s) of Birth: _____

EMERGENCY CONTACT: Name/Relationship/Phone: _____

Patient's Primary Care Doctor (as listed with insurance company): _____

Preferred Pharmacy / Address: _____

PERSON RESPONSIBLE FOR BILL: (must be parent/guardian; If 18 or older, or mature/emancipated minor, must be self)

Name: _____

Address: (If different from above) _____

City: _____ State: _____ Zip Code: _____

Phone: _____

INSURANCE INFORMATION: (patients will be required to show insurance card at all visits)

Primary Insurance Company: _____ ID/Group #: _____

Secondary Insurance Company: _____ ID/Group #: _____

Subscriber's Name: _____ Date of Birth: _____

Address: (If different from above) _____

Signature: _____ Date of Birth: _____

Parent/Guardian Name: (print): _____

Post Road Pediatrics, LLP

Financial Policy

It is important to us that our relationships with patients and families are not clouded by unclear expectations. For that reason, we want you to completely understand our office financial policy. Please read it carefully before signing.

Prior to your first visit, please verify your child's insurance coverage. If the insurance requires you to choose a Primary Care Physician (PCP), be sure the correct one is listed for your child. If a PCP is required but not listed, the insurance company may deny your claim leaving you responsible for payment. If our doctors do not participate in your plan, you will be responsible for the bill. You should also review your insurance policy for information about referrals, authorizations, procedures and well visit coverage.

Changes, Co-Pays and Outstanding Charges: Please check in at the Front Desk at every visit with your most recent insurance card. Please inform us of any changes to your insurance policy or demographic information. Copays are due and expected at the time services are rendered. We will also ask for payment of any outstanding balance. If you are not covered by insurance, payment is due at the time of service.

Deductibles, Co-Insurance and Unpaid Claims: Post Road Pediatrics will bill participating insurances on your behalf. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. We are obligated by our insurance contracts to bill you for deductibles, co-insurance and non-covered balances as dictated by your insurance company. We ask that you help us keep our costs down by making prompt payment.

For your convenience, payments may be made by phone, mail or online via MyChart. We accept most major credit cards, in-state checks, and cash. There is a \$25.00 service charge for returned checks.

Well Visits with Extra Services: If, during a well visit, you receive treatment for a medical condition outside the scope of routine preventative care, or a pre-existing problem is addressed in the process of performing your regular well visit, your insurance company may advise us that a copayment is required. If this happens, you may be billed for that copayment.

Referrals and Managed Care: If you are enrolled in a managed care plan (HMO) you must receive a referral from our office before you see a specialist. Referrals should be requested a minimum of 3-5 days prior to your visit so that your PCP has time to review and authorize each visit. Backdated referrals are not guaranteed. Failure to follow this process may leave you responsible for payment of the charges incurred at the specialist visit.

Missed Appointments: We ask that you, whenever possible, notify our office within 24 hours if you are unable to come to a scheduled appointment. Missed appointments represent a cost to our office and may prevent other patients from being seen at that time. For this reason, we reserve the right to charge a fee of \$50.00 for a missed or late-cancelled appointment. Excessive abuse of scheduled appointments may result in discharge from our practice.

Please contact our billing office (ext 119) or the office manager (ext 116) if you have any questions.

*** I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I also understand and agree that I am responsible for full payment of any non-covered services, medical records fees, returned checks, and missed appointments. I will notify Post Road Pediatrics of any changes to my insurance coverage and contact information.*

Responsible Party: _____

Relationship: _____

Signature: _____

Date: _____