

MARION PEDIATRICS, PA REGISTRATION FORM  
 YVES-LANDE PIERRE, MD  
 3105 SW 13<sup>TH</sup> STREET  
 OCALA FL 34474

**CHILDS INFORMATION:**

Last Name	First	Middle	DOB	Sex	SS#	Race	Ethnicity
-----------	-------	--------	-----	-----	-----	------	-----------

**ADDRESS INFORMATION: list information for Custodial Parent**

Street Address of Parent/Custodian \_\_\_\_\_  
Street Address City/State/zip

Mailing Address of Parent/Custodian \_\_\_\_\_  
Street Address City/State/zip

Home Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**MOTHER'S INFORMATION:**

Last Name	First Name	Middle	Date of Birth
Mother's Social Security Number			Occupation
Mother's Employer			Employers Phone #

**FATHER'S INFORMATION:**

Last Name	First Name	Middle	Date of Birth
Father's Social Security Number			Occupation
Father's Employer			Employers Phone #

**Custodian's Name:** \_\_\_\_\_  
 If child not living with parents

Last Name	First	Middle	DOB
-----------	-------	--------	-----

**EMERGENCY CONTACT:**

Name of Contact Other Than Parent	Relationship	Phone Number
-----------------------------------	--------------	--------------

**INSURANCE INFORMATION:**

Name of Insurance \_\_\_\_\_ Who is the Primary Holder: \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group # \_\_\_\_\_ Effective Date \_\_\_\_\_

I hereby authorize payment of insurance benefits to Marion Pediatrics. I understand that I am financially responsible for all charges whether or not paid by insurance, for all services rendered on my behalf for my dependents. I authorize the above named provider of services to release any information to secure the payment of benefits. I authorize the use of the signature on all the insurance submissions. I understand that my insurance coverage is a contract between myself and my insurance company and I take full responsibility for financial obligations incurred.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHARMACY INFORMATION:**

Pharmacy Name	Address	Phone Number
---------------	---------	--------------

**FINANCIAL POLICY ACKNOWLEDGMENT:** All payments are due at the time of service, no exceptions. If we are providers for your insurance, we will bill your insurance and collect only the patient responsibility amount at time of service. IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE. Many insurance plans have "timely filing deadlines". If we are not provided with the accurate information at the time of service, you may be responsible for payment in full for all services rendered. \_\_\_\_\_ (initials). Marion Pediatrics, PA, has preferred contracts with several major insurance companies. Please contact your insurance company to determine if our practice has a contract with your insurance company. Any financial portion that is "member responsibility", such as co-pay, deductible, co-insurance or a non-covered percentage or procedure will be collected at time of service \_\_\_\_\_ (initial). If, for any reason, it is not collected at the time of service, a billing statement will be mailed to you, payment is due within 15 days of billing cycle \_\_\_\_\_ (initial). Remember, your insurance coverage is a contract between you and your insurance. Marion Pediatrics, PA is not responsible for services denied by your insurance company \_\_\_\_\_ (initials)

**PPO INSURANCE PLANS:** We have agreed to accept discounted rate for plans we participate in, however, all co-insurances and/or deductibles are your responsibility. We will estimate co-payments to the best of our ability. Since the co-payments are only estimates, we will bill and/or credit the for your balance. It is your responsibility to know your insurance benefits and coverage. \_\_\_\_\_ (initials)

**HMO INSURANCE PLANS:** Co-pays must be paid at each and every visit. If a service provided is not a covered benefit of your plan, you will be responsible for payment in full at time of service. It is your responsibility to know your insurance benefits and coverage. \_\_\_\_\_ (initials)

**NON-CONTRACTED INSURANCE:** If we are not contracted with your insurance, you will be asked to pay in full at the time of service. We can supply you with a billing copy to attach to a claim form (should be supplied by your insurance broker or Human Resources Dept) to send to your insurance company to request that payment be sent to you. \_\_\_\_\_ (initials)

**MEDICAID:** We accept Medicaid for newborn hospital exams only. Your "unborn" newborn must show active within 24hours of registration. We are not straight Medicaid providers. \_\_\_\_\_ (initials). **MEDICAID MMA:** Marion Pediatrics is only contracted with United Medicaid Community Plan and Sunshine Medicaid. Due to the fact that these are MMA your child must be assigned to our practice for Marion Pediatrics to bill on your behalf. It is your responsibility to know your child's assigned Medicaid plan and eligibility. \_\_\_\_\_ (initials)

**APPOINTMENTS:**1) We value the time we have set aside to see and treat your child. If you are not able to keep an appointment, we would appreciate 24-hour notice. 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment. 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding. 4) We will make every effort for you to see the provider of your choice but under certain circumstances it may not be possible. We strive to provide the quickest, quality service with minimal wait time \_\_\_\_\_ (initial)

**DIVORCE DECREE:** We are not party to your divorce decree. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult. \_\_\_\_\_ (initial)

**PAYMENTS:** We accept cash, debit cards, Visa, MasterCard, Discover and personal checks (with photo ID only) we do not accept business checks or starter checks. Any outstanding balances are due within 30 days of statements. If you are experiencing circumstances beyond your control, please call our office and we will be happy to make payment arrangements with you. All balances reaching 90 days past due with no action on the accounts are subject to being sent to collections. \_\_\_\_\_ (initial)

**COLLECTION AGENCY:** In the event your account becomes delinquent and is turned over to a collection agency, you will be financially responsible for all associated collection fees and legal fees that Marion Pediatrics, PA incurs through the process utilized to collect the delinquent balance. Please be aware if your account is turned over to a collection agency your child is subject to discharge from Marion Pediatrics, PA. \_\_\_\_\_ (initials)

**RETURNED CHECKS:** Checks returned to Marion Pediatrics, PA, by the bank will be assessed a \$25 returned check fee, in addition to the original amount of the check. You have ten (10) days to clear up the outstanding check. If you do not pay the check plus the returned check fee in the specified time, the check will be sent to a collection agency. Should the check be sent to a collection agency your child is subject to discharge from Marion Pediatrics, PA \_\_\_\_\_ (initials) In addition, we will only accept cash or credit cards for any future visits. \_\_\_\_\_ (initials)

**MISSED APPOINTMENTS:** We understand that there will be times when a **scheduled** appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If you do not cancel your will child "physical" appointment by the deadline a \$25 no show fee will be added to your account, this fee is not payable by your insurance provider and will be your responsibility to pay before your next appointment \_\_\_\_\_ (initials) Reminder calls are not a guarantee it is your responsibility to keep up with your children's appointments. **Three missed physical/well baby appointments or three same day appointments and you are subject to discharge.** \_\_\_\_\_ (initials)

**SCHOOLE EXCUSE:** Excuses are given for the days when patient is seen or if authorized by our providers to keep the child home for certain days. If we didn't see the child during an acute illness, we cannot give any excuse retroactively for extended period. \_\_\_\_\_ (initials)

**FORMS** - Any and all forms to be completed by Marion Pediatrics Physician's required 48hours notice and your child must be current with his/her annual physical with our office. \_\_\_\_\_ (initial)

**TRANSFER OF RECORDS:** If you transfer to another physician, we will provide a copy of your immunization record and your last physical to your physician, free of charge, as a courtesy to you. We need 72 -hour notice. If you would like a copy of your complete record is available for a \$1 per-page fee for the first 25 pages and 0.25 cents per page thereafter once HIPPA form is signed. We only provide copies of records (including consultations from specialists) rendered here. For any previous records, you must request them directly from your previous doctor(s). Once your transfer care from Marion Pediatrics acceptance as a patient will not be granted back. \_\_\_\_\_ initial.

I authorize medical care and accept financial responsibility for my children, step-children, and/or the child(ren) that I am accompanying. I am responsible for all fees and will assure the charges are paid in a reasonable time. I authorize the release of any medical or other information necessary to process any and all claims. I have read and fully understand the financial policies of Marion Pediatrics, PA, and agree to the terms and conditions. I also understand that the terms of these financial policies may be amended by the practice at any time with prior notification.

Parent/Guardian/Personal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT FOR MINORS:**

I, \_\_\_\_\_ the parent(s) or legal guardian of (child's name) \_\_\_\_\_  
Do, hereby authorize the following individuals (must be over the age of 18) to schedule/and or accompany my child to medical appointments. Please list anyone other than the child's biological mother and father who maybe accompanying the child to appointments. This may include siblings over the age of 18, babysitters, step-parents, grandparents, neighbors, friends, family, etc. I understand that only my child's biological mother, father and those listed below will have the authority to authorize treatment. Authorized individuals included (please print name and relationship). Any person, not listed above must have a dated and signed letter of consent (valid only for date of visit) from myself, or treatment could be refused or delayed. \*\*\*\* Please inform the listed individuals to bring photo ID to appointments\*\*\*\*

Name:

Relationship to Patient

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEHEALTH:**

Marion Pediatrics, offers Telehealth visits depending of chief complaint, not all visits are qualifying Telehealth visits and are the decertation of the physician. I authorize telemedicine visits for my child \_\_\_\_\_ I am aware of limitations of telemedicine including but not limited to, interruptions, unauthorized access and technical difficulties, and I know I can disconnect the call at any time. I understand that a Telehealth visit will be billed to by insurance and I will be responsible for any copay and/or patient responsibility for this visit.

**PRIVACY STATEMENT ACKNOWLEDGEMENT:**

I acknowledge Marion Pediatrics; PA had provided its Notice of Privacy Practices, either posted or an individual copy, which provides a detailed description of the uses and disclosures allowed regarding my child's PHI. If I desire a copy of the Notice of Privacy Practices is available for me to keep. If revisions are made, I understand it is my responsibly to request a revised copy (see date on posted copies) \_\_\_\_\_ (initials)

Signature of Parent/Guardian/Personal Representative \_\_\_\_\_

Printed Name of Parent/Guardian/Personal Representative \_\_\_\_\_

**AUTHORZTION TO LEAVE MESSAGE ON VOICEMAIL/MACHINE:**

I acknowledge that it is my right to refuse to authorize reminder calls and other types of detailed messages be left on my voicemail and/or message machine. This authorization can be revoked in writing \_\_\_\_\_ (initials).

Yes, please leave me a message \_\_\_\_\_  
No, de not leave a specific message \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF "ABUSE FREE ZONE"**

At Marion Pediatrics we appreciate and respect our staff. It is our belief our staff should have a work environment free from verbal and physical abuse. We expect each of you to treat each one of our staff members, as you would like to be treated. Outbursts against our staff, physicians, and covering physician's will not be tolerated and will result in your immediate discharge from the practice. \_\_\_\_\_ (initial)

**REFERRALS**

Marion Pediatrics will do referrals for your child only after patient has been seen in our office for the condition the referral is being sought for. Referrals are done weekly and parents will be notified by the office of the location of the referral. It is your responsibility to schedule and follow up on your requested referrals. \_\_\_\_\_ (initial)

**For Families New to our Practice**

How did you find out about our office / doctor? \_\_\_\_\_

Friend / Relative \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone book (indicate source) \_\_\_\_\_ Health Dept \_\_\_\_\_

Hospital \_\_\_\_\_ other indicate source \_\_\_\_\_

Web Site \_\_\_\_\_



# The Patient-Centered Medical Home & You: Frequently Asked Questions (FAQ) for Patients and Families

## **What is a Patient-Centered Medical Home?**

Caring about your child is the most important job of the Patient Centered Medical Home. In this personal model of health care, the primary care practice leads a team that collectively takes responsibility for your child's care. They make sure your child gets the preventive and illness care he or she needs.

Your primary care provider and an extended team of health professionals build a relationship in which they know you, your child, your family situation, and your child's medical history and health issues. In turn, you come to trust and rely on them for expert, evidence-based health care answers that are suited entirely to your child

## **How will a Medical Home lead to better care?**

There are many benefits to being in a Medical Home:

- Comprehensive care: your medical home helps address any health issue at any given stage of your child's life
- Coordination of care: services that are needed are connected and ordered in a rational way, including the use of resources in your community
- Continuous care: accurate, effective, and timely communication from your health care team.
- Accessible care: eliminating barriers to care. You initiate the interaction for any health issue with our practice through a phone call, an electronic message, or an office visit—whatever your preference is. We can also help you obtain care after hours and on weekends.
- Proactive care: not only are we available when your child is sick, but you and the doctor will build a care plan to address your child's health care goals to keep your child well.
- Evidence-based care: we keep up to date with the latest medical research and clinical practice guidelines and will work with you to personalize your child's care to fit your preferences and your child's goals.

## **What does the Medical Home Team do for my child?**

The Medical Home team is your child's team. We provide your child with the care they need, when it's needed. We customize that care to meet your child's needs and your expectations. We help you set appropriate health goals for you child and work with you to help your child meet them. We will spend enough time with you to answer any questions you have, so you understand what you need to do to help your child successfully meet their goals. We help you understand all options for care, so you can decide what care is best for your child. And we will always treat you with the respect you deserve: as a full partner in your child's healthcare

## **What type of services does my Medical Home provide?**

We provide comprehensive, compassionate, and continuous care for all of our patients

- Same-day appointments
- Preventive care and physicals (health risk assessments, sports, and school physicals)
- Chronic disease management (asthma, ADHD, and more)

### **What type of services does my Medical Home provide? (cont')**

- Acute care for illness and injuries
- Well child visits, screenings, and vaccinations
- 24/7 phone access to your care team
- Referrals to specialists and mental health providers
- Management of multi-specialty care plans, including mental health

### **Will my Medical Home help my child stay healthy?**

The care you receive in a Medical Home goes beyond the office visit with the primary care provider.

- We want to help you set goals for your child's care and overall health, and help you meet those goals
- We want to encourage you to fully participate in recommended preventive screenings and services
- We will recommend tools and education materials you can use to manage your child's health
- We will give you information about classes, support groups, or other types of services to help you learn more about your child's chronic condition(s) and staying healthy
- We will provide you with information about resources in your community to help you manage your child's health and overall well-being
- We will provide you with materials and, if needed, appropriate referrals to behavioral health specialists to help your child make and sustain healthy changes

### **How can the Medical Home help if my child needs to see a specialist or go to a hospital?**

Your medical home team will coordinate your child's care with other health care providers. If you need a recommendation for a quality specialist, we can help you find one. We will work with those specialists and the hospital to continuously plan and manage your child's care.

With your consent, the medical home team will inform specialists and hospitals about your child's medical conditions and your preferences for care. In addition, we will follow up to obtain information after a specialty visit or hospital stay. We will also follow up with you to make sure your child is getting the care he or she needs, and that you understand the plan of care.

### **Can my Medical Home help me when I have an emergency?**

If you have a medical emergency, please dial 9-1-1.

For other clinical problems or medical advice, call your Medical Home first. We may be able to save you an expensive and inconvenient trip to the emergency room! Depending on the nature of the problem, it might be best addressed by your child's primary care doctor. We offer same-day appointments and are available 24/7 for advice by phone.

If you go to the emergency room, please let the staff know who your primary care provider is, and ask that they contact us as soon as possible, so we can help them take better care of your child.

### **What can I do to help my Medical Home team take better care of my child?**

- Understand that you are a full partner in your child's health care
- Learn about your child's condition, and what you can do to keep them as healthy as possible
- As best you can, follow the care plan that you and your medical team have agreed is important for your child's health

Do your best to communicate with your Medical Home team

- Tell us all about your child's health and medical history, and the health history of your family
- Bring a list of questions to each appointment. Also, bring a list of your child's medicines, including any vitamins or herbal remedies.
- If you don't understand something the doctor or other member of your medical home team says, ask them to explain it in a different way.
- If you get care from other health professionals, always tell your medical home team so they can help coordinate for the best care possible.
- Talk openly with your care team about your experience in getting care from the medical home so they can keep making your care better.

### **How do I access the Medical Home?**

We offer convenient same-day and next-day appointments, after-hours phone access, and extended hours. -

Monday 8:30 AM - 8:30 PM

Tuesday 8:30 AM - 5:00 PM

Wednesday 8:30 AM - 11:00 AM Clinical Hours/3:30 for Administrative Functions

Thursday 8:30 AM - 5:00 PM

Friday 8:30 AM - 5:00 PM

To make an appointment or for all other matters, call (352) 369-1001. We respond in a timely manner to your phone calls. For all urgent matters, you may contact us by phone at any time. If it is after hours, you will be transferred to our free physician on call service. For all non-urgent matters, general information, or to make an appointment, please call us during normal business hours.

### **How do I transfer records to the Medical Home?**

We will need your consent to obtain your child's medical records from any previous primary care providers or from specialists your child has seen in the past. Consent forms are available from the front desk and on our website. You can also call during business hours if you need extra copies sent to you.

### **Can my child be in a Medical Home if we don't have health insurance?**

We accept many insurance plans and cash patients. Call us to discuss your particular situation. Once your child becomes a patient in our practice, we provide the same access and care regardless of your health insurance status.

Depending on your financial situation, you may be eligible for government subsidies to buy private health insurance, or your child may be eligible to enroll in Medicaid.

For more information and useful tools to check your eligibility, visit [Healthcare.gov](http://www.healthcare.gov) or ask one of your care team members for assistance. Additionally, please visit the Florida Department of Children and Families ACCESS website for information about assistance programs

<http://www.myflorida.com/accessflorida/>

**What else can I do to help my child stay healthy?**

Here are some educational resources and tools you can use to help your child stay healthy in between visits. We can also provide additional resources during your visit

HealthyChildren.org: A resource library from the American Academy of Pediatrics, here you will find information on growth, development, and healthy living for newborns through young adults

MouthHealthy.org: This website is sponsored by the American Dental Association and includes topics from teething to proper brushing to dental emergencies.

MyPlate.gov: Everything your child eats matters. The right mix now can help them be healthy now and in the future.

My Plate offers ideas and tips to create a healthier eating style. [cdc.gov/vaccines](http://cdc.gov/vaccines): The Centers for Disease Control has a page dedicated to providing accurate, upto-date information about vaccines, vaccine safety, and the recommended immunization schedule