



MOUNTAINSIDE PEDIATRICS NEW PATIENT PACKET

PATIENT INFORMATION:

Name: _____ DOB: _____ Gender: M F
Race: White African-American Asian Hispanic Multi-Racial Other
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Alternative Phone: _____
Leave messages at: Primary Alternative Both Email: _____

PARENT'S INFORMATION:

Parent #1:

Name: _____ S.S.# (required) _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
(If Different from Patients)
Mother's Maiden Name: _____

Parent #2:

Name: _____ S.S.# (required) _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
(If Different from Patients)
Parents Married? Yes No If divorced, who has custody? _____
Please provide legal documentation

Patient Consent Form:

As our patient we want you to know that we respect the **PRIVACY** of your personal medical records and will do all that we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide minimum information about treatment, payment, or health care operations, in order to provide health care that is in your best interest. We also want you to know that we support full access to your personal medical records. We may have indirect treatment relationships with you and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to contain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be written, under HIPPA Law, we have the right to refuse to treat you should you chose to disclose your PHI. You may not revoke actions that have already been taken which relied of this or a previously signed consent.

If you have any objection to this form, please ask to speak with our HIPPA Compliance Officer. You have the right to review our policy notice, to request restrictions, and to revoke consent in writing after you have reviewed our Policy Procedure.

Name (print)

Name (signature)

Date



Well Visits & Additional Charges:

The providers at Mountainside Pediatrics, LLC agree strongly with the AAP and Bright Future recommendations that your child should receive regularly scheduled checkups, which may include routine labs and testing of hearing and vision. Insurance companies have recently changed what they will cover during a well check. Our billing office receives many calls from parents with questions regarding their bills for changes incurred during a "checkup" that are not covered under routine wellness benefits.

Depending on the age of your child, their visit may include the following:

- Age-appropriate questionnaires to assess proper development and/or detect delays.
- Adolescent depression screenings
- Various lab tests: lead, urine, hemoglobin, and lipids
- Edinburgh postnatal depression screening
- Hearing and Vision testing
- Filling out forms for sports
- Refill medications

Other concerns that are more complicated and involve more time such as chronic headaches, stomach pains, ear pains, wheezing, psychological or unusual school problems, or other medical issues usually require a separate code and charge in addition to the checkup. Your insurance companies may consider these additional codes and/or charges as two separate visits and they **MAY** require additional patient out-of-pocket (copay, co-insurance, or deductible). We practice medicine based on the guidelines from the American Academy of Pediatrics. Occasionally, some things such as blood work, other labs, and hearing and vision are not covered by your insurance and/or are put towards your deductible. These billing issues are between **you and your insurance company**, and we always suggest you check with your insurer or HR Department **BEFORE** coming to the doctor to know what is covered by **YOUR** plan. Mountainside Pediatrics, LLC is not responsible for knowing your individual plan details and files your claim for you as a courtesy.

The amount of time required to "check in" for a well visit appointment is substantially longer than that of a sick visit. This is due to the varying number of questionnaires that are given according to the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. **Please be here at least 10 minutes prior to your appointment.**

Your signature below verifies that you agree to the above.

Patients Name	Patients D.O.B.	
Parent Signature	Parent Print Name	Date

Mountainside Pediatric Notice:

Welcome to Mountainside Pediatrics. We strive to give you the best care you and your children need. We aim to be your pediatrician as long as your family wants us to be. If there is anything we can do to improve your experience, please let us know.

1. We're committed to nurturing the future generation and preparing the next wave of healthcare heroes! Sometimes you might spot our eager students buzzing around and soaking up wisdom from our legendary Dr. Mahmood. We kindly ask for your patience during these moments of educational excitement. Think of it as helping future health care providers, your understanding and patients are truly appreciated.
2. For our **WebMD** explorers: while we appreciate your detective skills, let's remember that it is not always a reliable diagnosis tool. Your case is one-of-a-kind, and that is where our healthcare expertise comes in. We're here to provide you accurate assessments, appropriate care, and save you from unnecessary anxiety caused by Dr. Google. So please tell us your symptoms, share your concerns, and let us handle the rest. We have you covered with the best care possible.
3. In this era of instant gratification, we get that waiting can be a real buzzkill. Our doctors are on a mission to give each patient personalized care, which might mean they take a little extra time with you and the other patients. So, while there might be occasional delays, we want to make sure every child, including yours, has our undivided attention. We appreciate your patience and if you have any questions or concerns during the wait feel free to reach out.
4. **No Shows:** If you miss your appointment, there is no penalty to you. However, there might be another child in need of care that we are unable to see because you've taken their spot. If you think you might miss your appointment, please give us a call and let us know as soon as you can so we can work with you to get you and your child rescheduled.
5. **Stay awesome, and keep rolling with us.**

I have read and agree to the notice above:

Parent Signature	Parent Print	Date

PRACTICE POLICIES AND GUIDELINES AGREEMENT:

Welcome. We are glad that you have decided to become a part of our practice. Our goal is to provide you with excellent healthcare in a friendly and compassionate environment. Please take a moment to become familiar with our office's policies and guidelines, then sign the acknowledgement at the bottom of this page and return to our office. Our treatment relationship is a partnership and we look forward to helping you achieve the best health outcomes possible.

First Time Visit: Please arrive at least 10-15 minutes prior to your appointment time. A nurse will go over your past medical history. Please bring all of your medications in their original containers. If you have a copay or have not yet met your deductible, please be prepared to pay it when you check in at the front desk. If you do not have insurance coverage, payment will be collected after you see the doctor. Payment is due at the time of service.

Follow-Up Visit: Please arrive 5-10 minutes before your scheduled appointment time. It is our goal for you to be ready to see your physician on time. Notify us if you have any changes in your insurance or contact information. Please make us aware of any significant updates in your medical history, such as hospital or urgent care visits, and any changes in your medications by another healthcare professional.

Follow-Up Care: Your treatment plan may involve a follow-up care. As such, we may schedule you for diagnostic tests, follow-up appointments with us or other providers. If you do not keep the appointment, it is important that you contact us to discuss alternatives. Likewise, if you decide to seek care from another provider, please let us know.

It is our policy to inform you of your test results, however, **if you have not received your test results within the expected time, please contact our office.** Some patients may make an appointment for a mammography exam and receive the follow-up report without doctor's referral. This is known as "self-referral". In these cases, we may not be aware of your test results. Please provide us with a copy of your results and make us aware of any recommendations for follow-up care.

Late Arrivals: We all run late sometimes. In the event that you are late for your appointment, we will try our best to work you back in to the schedule. Depending on how busy we are, you may be required to reschedule your appointment.

Appointment Cancellations: We understand that sometimes plans change. We ask that you reschedule your appointment at least 24 hours in advance so that we may give that appointment time to someone else. Although unexpected events may necessitate missing an appointment, if you miss 2 appointments without following the cancellation protocol then you will be charged \$25.00. If you miss 3 appointments without following the cancellation protocol, you may be dismissed from the practice. You will receive a written notification if you miss 2 appointments.

Sick Visits: Established patients who need acute care should call as early in the day as possible so that we can accommodate you. Patients are seen by appointment only. Depending on the availability of your physician, you may be asked to go to urgent care.

Medication Refills: For non-emergency and routine medication refills, please allow 48 hours and ask your pharmacy to send us a refill request. Also, please let a nurse or physician know if you need a 90-day prescription. Narcotic medications will only be written for a 30-day supply at a time. Additional refills to the original prescription will be at the doctor's discretion. **Early refills will not be given.** You may be requested to contact your pharmacy to ask them to fax a refill request to our office to assure that exact fill dates are documented accurately. You may also be asked for a follow-up appointment for certain refill request.

After Clinic Hours and Weekends: You may reach the on-call physician by calling 706-253-9898 and following the instructions as given. After clinic hours is for medical advice about your child current conditions. If it is an emergency, please take your child to an urgent care or emergency room. All other questions please call back during our business hours.

Audio or Video Recording: In the interest of your privacy, as well as that of our workforce, unauthorized audio or video recording by patients, family members, and/or visitors is strictly prohibited. Personal devices with an audio and/or video recording function should not be used or be visible in the office and must be stored accordingly. To the extent a member of our workforce is aware of any unauthorized attempt to photograph or record a patient and/or workforce member, the workforce member will take reasonable steps to ensure the patients and/or workforce members are not photographed within the office.

We respectfully request that you turn off or silence your phone cell phone during your office visit.

Parents Living Apart: The parents shall communicate with each other about the children, and shall use good faith efforts in attempts to resolve differences of opinion regarding any major decisions concerning the child with primary emphasis being on arriving at a solution

which will be in the best interest of the child. The practice will not be in any position to act as an intermediary between the parents. On matters of billing and financial responsibility, accounts of minor children of separated or divorced parents are the responsibility of the parent who consents to treatment.

Chaperones: Our practice is committed to providing a safe and comfortable environment for all patients. We provide formal chaperones for all intimate exams; however, you have the right to have a formal chaperone present for any examination, procedure, or treatment. Please notify a staff member that you want a chaperone.

Non-Parent Accompanying a Child: If you the parent are unable to accompany your child to their appointment, please make sure that the person accompanying your child is on the authorized list located on page 3 or that we have a **HAND WRITTEN NOTE WITH THE PARENTS SIGNATURE** on it before the arrival to the appointment. Email approval or over the phone approval will not be accepted.

Unsolicited Text Messages: Please refrain from sending unsolicited text to our providers or staff. You may use our secure portal to communicate with our staff.

I have read and understand the above office policies and agree to abide by them.

 Parent Signature Parent Print Date

 Patient Name

Vaccine Policy Statement:

We strongly believe in the effectiveness and safety of vaccines to prevent serious illness and to save lives.

We firmly believe that all children and young adults should receive all the recommended vaccines according to the schedule published by the Centers of Disease Control and the American Academy of Pediatrics.

We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities.

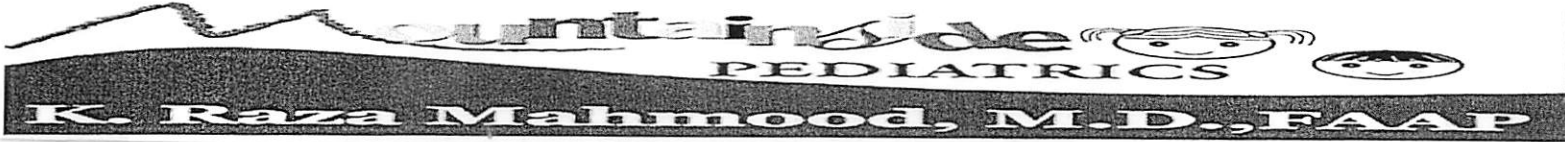
We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as healthcare providers, and that you can perform as parents/guardians. The recommended vaccines and their schedules given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he delayed inoculating his favorite son Franky, who contracted smallpox and died at the age of 4, leaving Ben with a lifetime of guilt and remorse.

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines, many of your have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chicken pox or known a friend or family member whose child died of one of those diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under immunization, there have been outbreaks of measles and several deaths from complications of measles in Europe over the past several years.

We are making you aware of these facts not to scare you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be very emotional one for some parents. We will do everything we can to convince you that vaccinating accordingly to the schedule is this the right thing to do. However, should you have doubts, please discuss these with your health care provider in advance of your visit. Please be advised, however, that delaying or "breaking up" these vaccines to give one or two at a time over two or more visits



goes against expert recommendations, and can put your child at risk for serious illness (or even death) and goes against our medical advice.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another health care provider who shares your views. Please recognize that by not vaccinating you are putting your child at unnecessary risk for life-threatening illness and disability, and even death.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for your time in riding this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

Sincerely,

K.R. Mahmood, MD, FAAP
Associate Professor of Pediatrics
&
CEO Mountainside Pediatrics, LLC

I have read the vaccine policy and/or it has been explained to me. I agree to the terms and conditions of this policy.

Parent Signature

Parent Print

Date

Acknowledgment:

I _____, have received a copy of the office procedures, Bill of Rights, and HIPPA promise to Privacy practice.

Parent Signature

Parent Print

Date

Patient Name

Patient D.O.B.

Relationship to Patient