Marta S. Sowa, M.D.
Thomas P. Hines, M.D.
Elizabeth A. Maranzano, M.D.
Karen E. Madras, M.D.
A. Rafael Martinez, M.D.
Amanda Azar, R.N., R.N.P.
Sarah Gay, P.N.P.

www.lincolnpedi.com

Lincoln Pediatric Associates, Inc.

Patient Information Form

General Information:

Patient Name: _____ Date of Birth: _____

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

Home Phone: _____ Pharmacy Name and City: _____

Primary Language Spoken: _____ Preferred Email Address: _____

Race: _____ ☐ Declined Did you attend our Prenatal Visit? ☐ Yes ☐ No

Ethnic Group: ☐ Non Hispanic or Latino ☐ Hispanic or Latino ☐ Declined

Primary Care Physician: ☐ Dr Sowa ☐ Dr Hines ☐ Dr Madras ☐ Dr Maranzano ☐ Dr Martinez

Parents' Information:

Parent/Guardian:
Name: _____ Date of Birth: _____

Workplace: _____ Work Phone: _____

Cell Phone: _____ SS#: _____

Parent/Guardian:
Name: _____ Date of Birth: _____

Workplace: _____ Work Phone: _____

Cell Phone: _____ SS#: _____

Preferred Primary Method of Contact: ☐ Home Phone ☐ Cell phone: _____

Emergency Contact: _____ Relationship:_____ Phone Number: _____

Insurance Information:

Policy Holder's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Health Insurance: _____ Policy #: _____

Effective Date: _____ Co-pay: _____

Is patient covered by additional plans: _____

If yes, please fill out the following information:

Policy Holder's Name: _____ Date of Birth: _____

Health Insurance: _____ Policy #: _____

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Statement of Financial Responsibility & Policies

I. CO-PAYMENT POLICY

All co-payments are due and payable at the time of service. There is a $10 billing charge for all co-pays not paid at the time of the visit. We accept cash, check, Visa or MasterCard. If co-pay is not paid on the day of service, a self-addressed envelope will be provided so that payment may be mailed to us. Since co-payments not paid on day of service are considered delinquent, the mailed payment must be received within 72 hours. If a delinquent co-payment is not paid within 72 hours, the billing office will generate and mail one billing notice.

Non-urgent appointments will not be scheduled when an account is delinquent for an outstanding co-payment or balance. Previously scheduled appointments may be cancelled by Lincoln Pediatrics Associates if a delinquent co-payment is not paid after a billing notice has been sent.

If a delinquent account risks delaying appropriate preventative health care for any child, Lincoln Pediatric Associates will require the transfer of your child's health care to another provider.

II. POLICY FOR CHARGES (OTHER THAN CO-PAYMENTS)

Outstanding charges other than co-payments are due and payable within 30 days.
If an account is greater than 60 days past due, or if there is a financial hardship at any time, **a payment plan can be arranged with the business office.** In the event of nonpayment by the patient's health care insurance company, it is the responsibility of the subscriber to negotiate with their particular insurance company.

If an account is over 90 days past due or if there is a failure to make payments according to an agreed upon payment plan, the delinquent account will be referred to a collection agency and you will need to transfer the health care of your child/children to another provider.

Delinquent accounts of less than $25.00 will follow the same policy as listed above for delinquent co-payments or balances.

III. POLICY FOR FAILURE TO KEEP SCHEDULED APPOINTMENTS

A minimum of 24 hours notice must be given to cancel a previously scheduled well child appointment. Lincoln Pediatric Associates will charge a $35.00 fee for failure to keep a previously scheduled appointment when more than 24 hours notice is not received. If appointments are made for more than one child on the same day and those appointments are not kept, future well child appointments will not be given for more than one child a time.

I hereby understand the above policies of Lincoln Pediatric Associates, Inc.

SIGNATURE: _____
DATE: _____