

WELCOME TO PRESTON CENTRE PEDIATRICS

WELCOME to the pediatric practices of Joseph P. Peterman, M.D., and Jennifer L.B. Wheeler, M.D. We want to ensure your transition to care by the doctors in our office is as smooth as possible. We hope this information will be helpful, and if you have any questions regarding it, please feel free to call us at (214) 987-0777.

OFFICE HOURS: Our staff answers the phone 8:00am-5:30pm M-TH, 8:00am-5:00pm F, and 8:00am-12:00pm Saturdays. After hours you may leave a message for the office staff on our voicemail. Your call will be returned the next business day. Well checkups and sick visits are seen M-F; however, on Saturday mornings the physician on call is in the office for sick visits only.

APPOINTMENTS: Routine well child exams are an important part of your child's medical care. A well child checkup focuses on your child's growth and development and the early detection of illness, so it requires much more time than regular sick visits. Scheduling these exams at least 2 months in advance will give you the best choice of time and day as we have to limit the number of well appointments each day to allow time for sick appointments. If your child is ill, please call for a sick appointment as early in the day as possible. Please be patient and flexible with appointments from October to March each year during the heavy cold and flu months. Please arrive 10-15 minutes early for your appointments to allow time for check in and any questions you may have for the nurse.

TELEPHONE CALLS: We welcome phone calls concerning any questions you may have about your child, billing, or our office. We ask that you make all business and non-emergency calls during regular office hours, when we will have access to our computer and your child's medical records. Please delay these calls until after 10:00am to allow early sick appointment calls. Our nurses are trained to answer most questions and will relay information to or confer with your physician as necessary. Antibiotics are not prescribed by telephone. Our doctors prefer to examine your child and tailor treatment to the specific diagnosis. Medication refill requests should be made during regular office hours.

AFTER HOURS: If your child develops an urgent condition that cannot wait until regular office hours, please call the office, and the emergency number for the doctor on call will be available on the voicemail message. Emergencies will be seen regardless of the hour or day.

THANK YOU for your cooperation! We consider it a great privilege to care for your children!

Patient Registration

Patient: Name patient prefers to be called: _____

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ DOB: _____ Sex: _____

Responsible Party:

Mother: _____ Father: _____

Home Address: (omit if same) _____ Home Address: (omit if same) _____

Home # _____ Home# _____

Cell# _____ Cell# _____

Employer: _____ Employer: _____

Work# _____ Work # _____

E-mail: _____ E-mail: _____

Nearest friend/relative not residing with you: _____

Cell#: _____

Whom may we thank for your referral? _____

Patient Medical History

Birth Hospital: _____ Birth Weight: _____

Problems at birth? _____

Hospitalization since birth? _____

Any previous surgery? _____

Long-term or recurrent health problems? _____

Long-term or regularly taken medications? _____

Are your child's immunizations up to date? _____

(Please provide us with a current record)

Please list any allergies your child has.

Food: _____

Medication: _____

Family medical history: _____

Today's Date: _____

OFFICE POLICY ON FINANCIAL ARRANGEMENTS

Providing quality medical care for our patients is our primary concern. If you have any medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered. You, the guarantor, are responsible for the fees charged for the professional services, labs, and vaccines administered in our office. We accept cash, checks, MasterCard, Visa and Discover. As a non-network physician, we cannot accept assignment or payment from your insurance company. We will provide the insurance form you will need to file for reimbursement. We must emphasize that as medical care providers, our relationship is with you, not with your insurance company. We understand some of you are on a managed care plan and we will try to work within your plan, as we are able. We will try to refer you to a hospital or specialist within your network, if an acceptable one is available.

Returned checks are subject to a \$25.00 charge and one percent interest per month will be added for balances over 30 days.

Please keep up with the insurance paperwork you receive at the time your child is seen, as there is a fee if reprints are needed.

By working together, you should be able to receive all of the benefits offered to you. If you have any questions about the information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

Your appointment is a time that has been reserved especially for your child. Therefore, if you cannot keep an appointment, please notify us 24 hours in advance to avoid a \$25.00 cancellation fee. If you are late for your appointment, you may have to be rescheduled for a later date.

I have read and understand the policy stated above and agree to accept responsibility as described.

Signature (Patient or Guardian)

Date