



WINMED HEALTH PEDIATRIC NEW PATIENT REGISTRATION PACKET 2022

(Please do not leave any field blank; if something does not apply, write "N/A". If unknown, write "unknown")

Patient First/Last Name: _____ Date of Birth/Age: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Marital Status: Single Married Divorced Widowed Separated Sex: Male Female

Social Security #: _____ - _____ - _____ Email address: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Contact Number: _____ Address: _____

INSURANCE

Insurance: _____ Member Number _____

Policy holder full name _____ Policy Holder SSN: _____ - _____ - _____

DOB: _____ Relation to Patient: _____

Secondary Insurance: _____ Policy Number: _____

Policy Holder SSN: _____ - _____ - _____ DOB: _____ Relation to Patient: _____

OFFICE USE ONLY

SCANNED PICTURE ID: _____

SCANNED ID/INSURANCE CARD: _____

ALL FORMS REVIEWED BY: _____

Please bring a copy of your child/s immunization record/s with these forms. You will be contacted via text message once you are registered and insurance has been verified. You may email these forms to newpatient@windermeremedicalcenter.com



Marketplace/ObamaCare Insurance Financial Policy

The Affordable Care Act (ACA) created the Advance Premium Tax Credit (APTC) to assist patients in paying their health insurance premiums. This tax credit does not subsidize the entire premium, and as such, you are responsible for paying the remainder portion of your health insurance premium.

If you purchased your health insurance through the ObamaCare website (www.healthcare.gov), you are required to make your monthly premium payments to avoid a 90-day grace period, which puts you at risk of losing your coverage if payment is not made in full at the end of the grace period.

According to federal regulation §156.270, your insurance carrier is required to notify us if you have defaulted on your premium payments. If we receive such notification from your insurance carrier, we will send you a statement for the balance due on your account for services rendered at Windermere Medical Center. Your account will be placed in a self-pay status until your premiums payments are made in full (we will call your insurance carrier for confirmation of payment). If your policy is canceled due to non-payment of premiums, your account with Windermere Medical Center will remain in a self-pay status.

If your balance with Windermere Medical Center is not paid in full after 90 days, your account will be forwarded to a collection agency to collect on your account.

By signing this policy below, the patient/parent confirms that:

I understand and acknowledge that I am personally responsible to pay Windermere Medical Center in full for services that my health insurance payer will not cover due to non-payment of my health insurance premiums. I further understand and acknowledge that my account will be placed in a self-pay status, and I am at risk for my account being forwarded to a collection agency if I do not pay my balance in full.

I confirm that I have **not** purchased insurance through ObamaCare (www.healthcare.gov). I have insurance through my employer or another private/commercial or Medicare plan, or I am a self-pay patient.

Patient Name/Signature

Date

I confirm that I **have** purchased insurance through ObamaCare at www.healthcare.gov; I will comply with this policy regarding my account.

Patient Name/Signature

Date



Pediatric Health History
Form

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Previous Doctor/Primary Care Provider: _____

Present Health Concerns: _____

Medicines/Vitamins/Herbal/Home Remedies: _____

Allergies/Reactions to Medicines/Vaccinations: _____

Primary language: _____ Other languages spoken: _____

Race: _____ Ethnicity: _____

IMMUNIZATIONS/INFECTIOUS DISEASES (Please bring your child's immunization records to your appointment.)

Is your child vaccinated? Yes No

If yes, are they: Up to date Missing Immunizations

PREGNANCY & BIRTH

Where was your child born? _____

Is the child yours by: Birth Adoption Stepchild Other: _____

Delivery: Full term Premature _____ weeks gestation Vaginal Cesarean Delivery

Complications: _____

Birth weight: _____ lbs _____ oz Length: _____ inches APGAR score 1 min ____ 5 min ____

Please indicate any medical problems during the baby's newborn period: None

other: _____

PAST MEDICAL HISTORY (including hospitalizations) please indicate problem and date:



PAST SURGICAL HISTORY (including broken bones)

NUTRITION & FEEDING

Does your child have any dietary issues? _____

Infant: Breast Formula Both

Child: Cow's milk Soy Milk Rice milk Other: _____ Ounces per day: _____

DEVELOPMENT (*At what age did your child*):

Sit alone: _____ Walk alone: _____ Say words: _____ Toilet train (daytime):

Girls only: Age at first menstrual period: _____

DENTAL HISTORY

Is your child been seen regularly by a dentist? No Yes

Water Source: City or Well? _____

EXPOSURES/HABITS

Any concerns about lead exposure? (old home/plumbing/peeling paint) No Yes

Is your child exposed to smoke in the house? No Yes

FAMILY HISTORY (*Please indicate the current status of your immediate family members. Indicate family members (indicate paternal or maternal side of the family) with any of the following conditions*):

Alcoholism:

Diabetes:

Depression/Suicide:

Cancer, specify type:

Heart Attack:

Other:

High Cholesterol:

High Blood Pressure:



SOCIAL HISTORY: (*Who lives at home?*):

Name	Age	Relationship
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Are your child's parents: married unmarried divorced

Mother's Occupation/Employer:

Father's Occupation/Employer:

Is your child currently in daycare (or has he/she ever been in daycare)? yes no

CONCERNS ABOUT YOUR CHILD:

Alcohol/Tobacco/Drug use

Sexual Activity

Aggressive Behavior

SCHOOL HISTORY:

Did/does your child attend school or preschool? yes no

Current grade: _____ Name of school: _____

Any concerns about school performance? : No Yes:

Any concerns about relationship with: Teachers: No Yes

Sports/exercise: Type: _____ How often? _____ How long (minutes)/day? _____

SAFETY:

When your child is in the car does he/she use:

Infant seat Booster seat Seat belt Back seat only



Pediatric Consent to Treat

I am the parent/legal guardian of (list **all** names of children-if more than four children, please use a separate form):

All children listed on this consent form who are under the age of 18 are considered minors. They must be accompanied by an adult who is 18 years of age or older. I give permission to the following listed person(s) to obtain medical treatment for the above referenced child(ren) with a provider of Windermere Medical Center. This person(s) has my permission for medical decision making including but not limited to: administration of medication and vaccines, diagnostic or therapeutic procedures, and admission to the hospital.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In an emergency, the parent(s) may be reached at:

Home Phone

Cell Phone

Signature of Legal Guardian

Relationship to Patient

Date



Acknowledgement of WINMED Health Registration Packet 2022

Patient Name

DOB

→ I have read and agree to the *"PATIENT FINANCIAL POLICIES"*

Patient or legal guardian signature

Date

→ I have read and agree to the *"PATIENT STATUS AND APPOINTMENT POLICIES"*

Patient or legal guardian signature

Date

→ I have read and agree to the *"PRESCRIPTION REFILL AND CONTROLLED SUBSTANCES POLICIES"*

Patient or legal guardian signature

Date

**A copy of these policies will accompany your consent in your medical record and can be provided to you for your record as well.

Consent for Protected Health Information via Secure Text Messaging

I state my preference to have my physician, NP or PAs and other staff at Windermere Medical Center communicate with me by standard SMS messaging. This can be in regard to various aspects of my medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing. I understand that standard SMS messaging is not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my medical care might be intercepted and read by a third party.

Please note, we have implemented safeguards to ensure protection of your health information with the use of a secure text messaging service that specifically integrates with our electronic medical record. However, under the 2013 HIPAA Omnibus Rule, we must inform you of the risks involved with transmission of unencrypted texts.

I consent to communicate via text message with Windermere Medical Center.

Patient or legal guardian signature

Date



MEDICAL RECORD REQUEST 2022- COMPLETE X LINES ONLY

PLEASE SIGN FOR FUTURE USE:

X _____
Patient Name

X _____
Date of Birth

X _____
Patient or Parent/Guardian Signature

OFFICE USE ONLY BELOW

Name of Clinic/Physician Releasing Records

_____/_____
Phone Fax

RECORDS REQUESTED BY:

_____ Niral Patel, MD

_____ Nicole Colon, APRN

_____ Nasimul Siddiqui, MD

_____ Hector Rocha, APRN

_____ Stephanie Antepara, APRN

_____ Morgan Pearsall, PA

Please include the following and fax to our office: 407-347-3950

_____ STAT: PLEASE SEND RECORDS NOW- PATIENT IN OFFICE

_____ ROUTINE: PLEASE SEND RECORDS ASAP

_____ Progress notes/HPI/H&P

_____ Radiology exams

_____ Labs only

_____ Immunization records

Please fax records to our Administrative fax line 407-347-3950. You may reach us at 407-876-2273 if you have any questions. 11600 Lakeside Village Lane, Windermere, FL 34786 Phone: 407-876-2273 Fax: 407-347-3950



PATIENT FINANCIAL POLICY

Our goal at Windermere Medical Center is to provide and maintain an excellent physician-patient relationship. Informing you in advance of our financial policy allows us to maintain a good flow of communication and run an efficient medical practice.

We verify insurance eligibility for every patient prior to their scheduled appointments and for all walk-in patients. To maintain a strong financial standing while providing excellent medical care, we have implemented a financial policy of collecting all copays, deductibles, and co-insurances **on the day** of your visit. If we find that you have overpaid, we will issue a refund once the Billing Department reviews your Explanation of Benefits (EOB). If you still have patient responsibility left over, we will send you a statement with a balance due.

FOR PATIENTS WITH INSURANCE:

If you are responsible for a deductible or co-insurance, we will collect a fee up front for your visit, if you have further responsibility you will be billed for these services:

- **INSURANCE** – As a courtesy to our patients, we will file claims on all visits and procedures. When we file a claim on your behalf, it is with understanding that benefits will be assigned to Patel Medical Ventures, LLC dba Windermere Medical Center, Health First Medical Group, LLC. You are responsible for all co-payments, deductibles, co-insurance and non-covered services. *****THE ULTIMATE RESPONSIBILITY FOR UNDERSTANDING YOUR INSURANCE BENEFITS REGARDING PAYMENTS, PREVENTATIVE SERVICES, COVERAGE FOR PHYSICIAN AND LAB SERVICES, PATHOLOGY, RADIOLOGY, AND VACCINATION COVERAGE RESTS WITH YOU.*****
- **AFTER HOURS** - If you are seen **after 5pm during the week, or on Saturday, it is considered after-hours**. The after-hours reimbursement billing code (99050) will be submitted for such visits. Your insurance plan may or may not cover this, and therefore, you may or may not incur patient responsibility. Once we receive the explanation of benefits (EOB) from your insurance company, our billing department will review your account to determine your responsibility and send you a statement for remittance of payment if necessary.
- **PREVENTATIVE PHYSICALS WITH LAB REVIEW OR OTHER ADDRESSED ISSUES/CONCERNS** – While your physical exam (preventative/wellness exam) may be covered by your insurance plan, the **lab review** component of the visit, or other acute complaints or medication refills addressed during the exam are not considered preventative, and will be billed as such. This portion of your visit may or may not be covered by your insurance, and you will be responsible for any remaining balance applied by your insurance company.
- **PAYMENTS:**



- **CASH PAYMENTS** – Payments of **\$25 or less** are cash only. Please note the following:
 - We will not accept credit or debit card payments for **\$1.00, \$2.00, or \$5.00** payments.
 - **ACCEPTED TYPES OF PAYMENT:** Cash, Visa, MasterCard, and Discover. **NO PERSONAL or BUSINESS CHECKS** will be accepted.
- **LAB FEES (except Medicare)** – If your provider orders labs, you are welcome to visit a LabCorp or Quest lab facility. We do offer you the convenience of having your labs drawn at WMC; a lab draw/convenience fee of \$15 (**CASH ONLY**) will be collected for **physical exams, your initial visit, or any follow-up visit. This includes labs drawn during a walk-in visit.** Your lab specimen(s) will be sent to LabCorp or Quest based on your insurance.
- **NEW PATIENTS** – New patients are responsible for co-payments/co-insurances/self-pay fees up front. Payment arrangements for first visits are not authorized.
- **ADMINISTRATIVE FEES**

Windermere Medical Center prides itself on providing excellent medical care and customer service to you and your family. We can also provide administrative services to patients upon request. If you require a specific form, paperwork, or letter for your employer or other reasons, we will charge an administrative fee based on the request. Fees must be paid in full before the letter or administrative service is completed. You must allow 7 days for any form(s) to be completed. You will be notified when your letter or paperwork is complete and ready for pick-up at the front desk.

1. Letter typed and printed on company letterhead, and signed by the physician or other provider (example: special travel arrangements, requirements for service, work accommodations, etc.): **\$25**
2. Forms or paperwork for work accommodations (not FMLA), handicap parking placards: **\$25**
3. Family Medical Leave Act (FMLA): this requires a face-to-face encounter/appointment with a physician. You will be charged your normal office visit fee, and an **additional \$50** to complete the FMLA packet.
4. Disability (Short or Long Term): you must be an established patient for at least one year *with* a physical before disability forms are completed: **\$50**
5. Requests for admission into a nursing home or assisted living facility: you must be an established patient for *at least one year* with a physical: **\$50**



PATIENT STATUS AND APPOINTMENT POLICIES

- **PATIENT EXPECTATIONS:** At Windermere Medical Center, we do regular check-ups, counseling and screenings to prevent illness and disease progression. In addition, you will also be expected to follow age specific screening recommendations such as cervical cancer screening (PAP), colon cancer screening (colonoscopy), breast cancer screening (mammogram) as well as an annual physical. **YOU WILL BE EXPECTED TO HAVE AN ANNUAL PHYSICAL AND AGE-RELATED SCREENING EXAMS TO RETAIN YOUR PATIENT STATUS. If you are unable or unwilling to comply with these expectations, we encourage you to seek care at another practice.**
- **LATE APPOINTMENT & CANCELLATION POLICY/FEEES** – We ask all patients to be courteous of the provider and staff's time and attention for your scheduled appointment. If you arrive late (or call to notify of late provider) *more than 15 minutes*, your appointment will be cancelled/rescheduled and subject to cancellation fee. If you arrive late, but *before* the 15 minutes, you may still be seen, but other patients showing on time for their appointment will be seen first. **See website for cancellation fees.**
- **APPOINTMENTS** – We provide our patients with two forms of appointment reminders: email and text messages. **It is your responsibility to confirm your appointment.**
- **NON-COVERED SERVICES** – Medicare and certain other insurance companies will only pay for services that they determine to be “reasonable and medically necessary”. If Medicare or another insurance determines that your visit with our physician or nurse practitioner is not “reasonable and medically necessary”, they will deny payment for that service. **You will be responsible for anything not covered by Medicare or your insurance company.** All labs are submitted based on **appropriate codes** to a lab based on one's medical condition.
- **PAST DUE ACCOUNTS** – Unpaid balances must be resolved **prior** to being seen in the office. If necessary, you can visit portal.athenahealth.com to pay your balance. If your account is 90 days past due, your account is subject to collections from a third-party collection agency.
- **CARD ON FILE** - Windermere Medical Center will require you to have a card on file in order to schedule an appointment. This will be used to collect outstanding balances. You will receive an email notification 5 days prior to each charge and an email receipt will be automatically sent. You may also use your card on file to pay time-of-service payments.

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PREScription REFILL AND CONTROLLED SUBSTANCES POLICY

Our goal at Windermere Medical Center is to provide and maintain an excellent physician-patient relationship. Informing you in advance of our Prescription Refill and Controlled Substances Policy allows us to maintain a good flow of communication and run an efficient medical practice. Please review the policy below:

MEDICATION FOR CHRONIC CONDITIONS

1. All new patients must establish with a Windermere Medical Center provider prior to having a prescription refilled.
2. Additional lab tests may be required to determine exact dosages of prescribed medications; your insurance may or may not cover these tests. It is your responsibility to check with your insurance company to determine what they will cover.
3. Depending on the type of medication you are on, you *must* be seen by a Windermere Medical Center provider **every three to six months** (or more frequent if necessary) to have your prescription refilled. This will be considered a regular office visit and billed accordingly. You will also be required to have bloodwork at least every six months for medications for chronic conditions.

CONTROLLED SUBSTANCES

1. Controlled substances (pain, sleep, muscle relaxants, stimulants, testosterone/hormone replacement) are tracked by the State of Florida Prescription Drug Monitoring Program (PDMP). Pharmacies and physicians can track your usage of controlled substances through obtaining an online report, which annotates physicians who have prescribed, and pharmacies who have dispensed these medications.
2. New patients who request a controlled substance for acute pain may receive **one** prescription of pain medication or controlled substance (at the discretion of the physician) after a PDMP report is obtained.
3. Windermere Medical Center physicians **do not refill narcotic medication prescriptions on an ongoing basis**. If you require such medications, you will be referred to a pain management specialist or other specialist related to your condition.
4. If the physicians at WMC are dispensing a controlled substance (non-narcotic pain medication, sleep medication, muscle relaxant, ADHD medications, testosterone, or hormone replacement), **you are required to have a face-to-face encounter every 3 months for prescription refills**.
5. Failure to comply with this our Prescription Refill and Controlled Substance Policy will result in dismissal from Windermere Medical Center.

PRIOR AUTHORIZATIONS FOR MEDICATIONS

We will make every effort to ensure that you receive the safest, most effective, and reasonably priced prescription drugs that are best suited for your healthcare. We also abide by regulations set by insurance companies and government agencies. Many health insurance companies or plans are requiring Prior Authorization or approval for your medication.



- This is an additional and labor-intensive service our medical staff completes; we will charge an administrative fee of \$50 per authorization. This cost is an out-of-pocket expense to you and is not covered by insurance. Additionally, there is no guarantee of authorization of the medication.

