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Alexandria Gervelis, PA

LINCOLN PEDIATRIC ASSOCIATES

Patient Information Form

Patient Name: _____	Date of Birth: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Home Phone: _____	Preferred Email Address: _____
Primary Language Spoken: _____	Race: _____ <input type="checkbox"/> Declined
Ethnic Group: <input type="checkbox"/> Non Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Declined

PARENT/GUARDIAN Information:

Parent/Guardian #1:

Name: _____	Date of Birth: _____
Cell Phone: _____	Work Phone: _____
Workplace: _____	

Parent/Guardian #2:

Name: _____	Date of Birth: _____
Cell Phone: _____	Work Phone: _____
Workplace: _____	

Non-parental Emergency Contact: _____ Relationship: _____ Phone Number: _____

Preferred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2

I hereby have read and understand the policies of Lincoln Pediatric Associates, Inc listed on the back of this page.

 SIGNATURE: _____
DATE: _____





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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 risk 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.

A \$25.00 fee will be applied for all returned checks.

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.