

Pediatric Associates, P.C

Urgent Care

Patient Registration

Patient Information (Please use full LEGAL name, no nicknames.)

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Social Security # _____ Gender: []M or []F

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Primary Phone #: _____ Secondary Phone #: _____

Parent/Guardian Information (Please use full LEGAL name, no nicknames.)

Mother's First & Last Name: _____ DOB: _____

Father's First & Last Name: _____ DOB: _____

Mother's Phone #: _____ Father's Phone #: _____

Insurance Information

Does/will the patient have a Primary and Secondary Insurance Policy? []Yes or []No

For Private Patient's:

Policy Holder Name: _____ Policy Holder DOB: _____

Insurance Name: _____ ID #: _____

Group #: _____ Effective Date of Policy: _____

Insurance Claims Address & Phone number:

For Medicaid Patient's:

Medicaid Plan: _____ RIN(Recipient ID #): _____

I hereby give consent to Pediatric Associates, P.C. Urgent Care to provide treatment and service(s) may deem necessary. I understand that I am responsible for payment of charges and any charges not covered by my insurance policy. In case of any default in payment, I understand I will be liable for interest at the rate of 18% per annum and any costs of collection, including attorney's fees and court costs.

I have read, understand and agree to all the above.

Signature of Parent/Guardian

Printed Name

Date Signed

Regulations

Pediatric Associates, P.C

Urgent Care

Policies & Regulations

Date: _____

1. NO LIFE-THREATENING COMPLICATIONS CAN BE HANDLED HERE, CALL 911 OR GO STRAIGHT TO THE ER!
2. Urgent Care is for minor illness such as fever, cough, sore throat, rashes, earaches, vomiting, diarrhea, insect bites and other routine, non-life-threatening conditions. Other illness is up to the physician's discretion to be seen.
3. All patients under 18 years old must be accompanied by a parent or legal guardian in order to be seen or treated.
4. If a relative or other caregiver brings the child for a visit, we require a signed form/note giving permission for that person to act on the parent/guardian behalf for medical decision making during the time of visit.
5. There is no behavioral or psych physician on staff during urgent care hours.
6. Appointments are available on a first come first serve basis. All patients are checked in and seen based on the order of walk in time, not based on reason for visit.
7. Wait times may vary and subject to change based on how many walk-in patients are currently here for care.
8. Patients will not be taken later than 8:30 pm Monday through Friday and 2:30 pm Saturday and Sunday or if the wait time will exceed past the office closing time.
9. The only forms that can be filled out during an Urgent Care visit are back to school notes for only 1-2 days of absence, school and sports physicals.
10. A vaccine record must be presented at time of check in for school and sport physicals.
11. Any foul language or behaviors will not be tolerated. Such behaviors will result in no appointment.

Insurance Policy

Pediatric Associates, P.C. Urgent care always accepts new patients. We are currently enrolled in Aetna, Blue Cross Blue Shield HMO and PPO, Cigna, Humana, United Health Care, TriCare and Medicaid. If you have an insurance plan that we do not take, there is the option to pay out of pocket. The cost of an appointment will be \$99 that must be paid at the time of check in using cash, credit or debit. Below is an in depth list of specific insurance networks we are apart of.

IT IS THE RESPONSIBILITY OF THE POLICY HOLDER TO DETERMINE IF WE ARE IN-NETWORK FOR THEIR INSURANCE PLAN.

<u>Aetna-</u>	<u>Blue Cross Blue Shield-</u>	<u>Humana-</u>	<u>United HealthCare-</u>
Advantage PPO	Blue Care Direct HMO	Select HMO	Choice Plus/Select Plus POS
Advantage Plus PPO	Blue Precision HMO	Platinum HMO	Choice Select HMO
Managed Choice POS	Blue Advanatge HMO	Advocate centered HMO	Core PPO
Managed Choice Open Access PPO	HMO Illinois	PPO	Options PPO
National Advantage Program(NAP) PPO	<u>Cigna-</u>	Preferred PPO POS-Open Access	Navigate HMO & POS
Signature Authority(ASA or SRC) PPO	HMO/network	Advocate Centered EPO	HDHP Definity Basics PPO
Choice PPO & Choice POS II	PPO	Choice POS	Charter HMO
Open Choice Quality Point-of-Service(QPOS)	Choice Fund PPO/EMO	ChoiceCare/National PPO	NexusACO R & OA
Open Access Elect Choice	Open Access Plus/Choice Fund OA Plus PPO	National EPO/HMO/POS-Open Access	Harken Health Choice Plus
Open Access Aetna Select	State of Illinois PPO	Premier HMO	Harken Health Compass Plus
Elect Choice HMO	C5 PPO	Illinois CCN HMO	<u>Blue Cross Blue Shield Community</u>
Select	<u>HFN-</u>	<u>PHCS & MultiPlan Inc. PPO-</u>	<u>County Care</u>
Signature Administrators PPO	Total Care PPO	PHCS Savility PPO	<u>IlliniCare</u>
Whole Health HMO	PPO & EPO	Private Healthcare Systems(PHCS) PPO	<u>Meridian</u>

Signature of Parent/Guardian

Printed Name

Date Signed