



Department of Family & Pediatric Medicine

We have prepared this packet of information and patient forms in order to help make your first visit a convenient and pleasant experience. We ask that you please complete the attached paperwork prior to arrival.

**When you come for your appointment, please bring the following:**

- Patient Registration form
- Patient registration Part 2
- HIPPA Family and Friends form
- Notice of Privacy Practices Receipt acknowledgement
- Authorization to Release Medical Records
- New Patient Adult Questionnaire (18 years of age and up)
- New Patient Minor Questionnaire (Newborn to 17 years of age)
- Health Exam Liability Form
- Well Child Exam (Newborn to 17years of age)
- **Medical Insurance Cards. If no card is submitted at the time of your appointment you may be asked to pay privately or reschedule your appointment.**
- **Current/valid Picture ID**

**Please be prepared to pay for the following at the time of your visit:**

- **Co-payment (this is the agreement you have with your insurance plan) A service charge of \$15.00 will be billed for co-payments that are not paid at the time of service.**

**IF YOU ARE UNABLE TO COMPLETE YOUR PAPER WORK PRIOR TO ARRIVAL PLEASE ARRIVE 30 MINUTES EARLY FOR YOUR APPOINTMENT.**

Thank you