

Marta S. Sowa, MD Thomas P. Hines, MD Elizabeth A. Maranzano, MD A.Rafael. Martinez, MD Amanda Azar, RN RNP Jenna Callahan, RN FNP Anna Baumann, PNP Alexandria Gervelis, PA

Fax: 401.334.4886

Fax: 401.334.4886

Phone: 401.334.4021

Phone: 508.699.8444

LINCOLN PEDIATRIC ASSOCIATES

Patient Information Form

Home Phone: Preferred Email Address: Primary Language Spoken: Race: Declined PARENT/GUARDIAN Information: PARENT/GUARDIAN Information: Date of Birth: Work Phone: Work Phone: Parent/Guardian #2: Name: Date of Birth: Date of Birth: Parent/Guardian #2: Date of Birth: Date of Birth: Parent/Guardian #2: Date of Birth:	City:State:Zip Code: Preferred Email Address:				
Primary Language Spoken: Race: Primary Language Spoken: Race: Primary Language Spoken: Race: Parent/Guardian #1: PARENT/GUARDIAN Information: Parent/Guardian #1: Date of Birth: Work Phone: Work Phone: Parent/Guardian #2: Name: Date of Birth: Date of Birth: Parent/Guardian #2:	Preferred Email Address: ge Spoken: Race: Declined Ethnic Group: Non Hispanic or Latino Declined PARENT/GUARDIAN Information: Date of Birth: Work Phone: Date of Birth: Work Phone: Perced Contact: Relationship: Phone Number: Preferred Email Address: Declined	Patient Name:	Date of Birth:		
Primary Language Spoken: Race: Declined Ethnic Group:	ge Spoken: Race: Declined Ethnic Group: Non Hispanic or Latino	Address:	City:	State: Zip Code:	
PARENT/GUARDIAN Information: Parent/Guardian #1: Date of Birth: Work Phone: Work Phone: Parent/Guardian #2: Date of Birth: Dat	Ethnic Group: Non Hispanic or Latino	Home Phone:	Preferred Email Address:		
PARENT/GUARDIAN Information: Parent/Guardian #1: Date of Birth: Work Phone: Work Phone: Parent/Guardian #2: Date of Birth: Date of Birth: Date of Birth: Date of Birth: Date of Birt	PARENT/GUARDIAN Information: Date of Birth: Work Phone: Date of Birth: Work Phone: Phone Number: Perred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2	Primary Language Spoken:	Race:	Deci	ined
Parent/Guardian #1: Date of Birth: Name: Work Phone: Workplace: Parent/Guardian #2: Name: Date of Birth:	Date of Birth: Work Phone: Date of Birth: Work Phone: Work Phone: Percy Contact: Relationship: Phone Number: Percy Contact: Phone Phone Parent/Guardian #1 Parent/Guardian #2	Ethnic Group: Non Hispa	nic or Latino 🔲 Hispanic or Lat	ino 🗆 Declined	
Cell Phone: Work Phone: Workplace: Parent/Guardian #2: Name: Date of Birth:	Work Phone: Date of Birth: Work Phone: ency Contact: Relationship: Phone Number: Perred Contact: Parent/Guardian #1 Parent/Guardian #2		RENT/GUARDIAN Information:		
Workplace: Parent/Guardian #2: Name: Date of Birth:	Date of Birth: Work Phone: ency Contact: Relationship: Phone Number: Perred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2	Name:	Date of Birth:		
Parent/Guardian #2: Name: Date of Birth:	Date of Birth: Work Phone: ency Contact: Relationship: Phone Number: Perred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2	Cell Phone:	Work Phone:		
	Work Phone: ency Contact: Relationship: Phone Number: erred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2	Workplace:			
Name: Date of Birth:	Work Phone: ency Contact: Relationship: Phone Number: erred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2	Parent/Guardian #2·			
	Work Phone: ency Contact: Relationship: Phone Number: erred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2		Date of Birth:		
	ency Contact: Relationship: Phone Number:erred Contact: □ Home Phone □ Parent/Guardian #1 □ Parent/Guardian #2				
Workplace:	erred Contact: Home Phone Parent/Guardian #1 Parent/Guardian #2				
Non-parental Emergency Contact: Relationship: Phone Number:		Non-parental Emergency Contact:	Relationship:	Phone Number:	
Preferred Contact: ☐ Home Phone ☐ Parent/Guardian #1 ☐ Parent/Guardian #2		Preferred Contact: Home Photographics Description De	one □ Parent/Guardian #1	□ Parent/Guardian #2	
		SIGNATURE:		9 W <u>eers</u>	
SIGNATURE:	E:	W			_



Marta S. Sowa, MD Thomas P. Hines, MD Elizabeth A. Maranzano, MD A.Rafael. Martinez, MD Amanda Azar, RN RNP Jenna Callahan, RN FNP Anna Baumann, PNP Alexandria Gervelis, PA

LINCOLN PEDIATRIC ASSOCIATES

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 <u>delinquent</u>, 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 copayment 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 copayments 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.

LINCOLN: 6 Blackstone Valley Place • Suite 306B, Lincoln, RI, 02865 NORTH ATTLEBORO: 465 South Washington St • Unit 4, North Attleboro, MA, 02760 Phone: 401.334.4021 Fhone: 508.699.8444 F

Fax: 401.334.4886 Fax: 401.334.4886