



## Welcome to Parkside Pediatrics

Just as mighty oaks from tiny acorns grow, so every great future has a small beginning. That is why at Parkside Pediatrics we consider ourselves blessed to be even a small part of your child's life. At Parkside we pride ourselves on combining state-of-the-art medicine with old-fashioned bedside manner and personal attention.

At Parkside Pediatrics we are committed to providing skilled and compassionate care from your baby's birth to college graduation. It is our joy to work with new parents, sharing both the excitement and stresses of the parenting journey. We count it a privilege to be a trusted partner in the care and development of your child and believe visiting your pediatrician should be something the whole family enjoys. Our staff prides itself on being lifelong-learners and our goal is to provide your family with the most up-to-date pediatric and adolescent medicine available. We look forward to the lasting friendships we will build with your family and are honored to contribute to your child's health and well being.

### Office Policy

#### How to Reach Us During Business Hours

Calls regarding non urgent appointments, prescription refills for chronic medications, billing problems and insurance questions will be handled by our front office staff. Prescription renewals and non-urgent appointment requests may also be handled on-line through our practice web site. Questions concerning any of the above will be handled during regular business hours at (864) 272-0388 (8:15am-5:00pm, Monday-Friday). Our physicians are available to attend to acute or urgent medical problems at any time.

Routine medical concerns such as dosages for common over-the-counter medications, simple first aid measures, fever control etc. are addressed on our web site under the e-Resources section or your question may be answered over the phone by our office and or nursing staff.

Our physicians will return calls regarding more complex issues. Urgent calls will be returned immediately. Less urgent ones will be returned before the end of the morning or afternoon session when they were placed.

If you have a true emergency, call 911 immediately. If you feel that 911 is not necessary, but the situation is urgent, you will be asked to come into the office or your call will be immediately directed to a physician.

#### How to Reach Us After Hours - CALL (864) 272-0388

If a problem arises outside of our normal office hours, there is a doctor on call 24 hours a day. During late night hours, calls will be returned by a highly trained pediatric nurse who will refer all significant problems to the physician on call or directly to the emergency room. If you must speak with the physician on call, please indicate that to the nurse.

If you feel that you have a potentially serious or life threatening condition, call 911 immediately. If you feel that this is not necessary, please explain to the Pediatric Nurse that you feel that the problem is an emergency, and they will treat it as such.

If you need to be seen at the start of office hours, please call first thing when the office opens that morning.

#### How to Make the Most of Your Telephone Call

All phone calls should be directed to the office. Coverage is provided 24 hours a day, seven days a week.

Things to tell your doctor or pediatric nurse when you call:

1. Your child's age.
2. What you are concerned about, how long it has been going on and has it been getting worse.
3. What you have done about your child's illness.
4. Your child's temperature.
5. Your child's state of alertness.
6. Your child's intake of fluids

We pride ourselves on our availability to discuss urgent problems at any time. Should you have a true life threatening emergency, call 911 immediately. For anything else, please call us first. Use of hospital emergency rooms should be limited to such severe situations, or if you are directed to go there by the nurse or physician on call. In the majority of cases, you can call us and together we can decide how to approach the problem.

Please DON'T

- Hold a crying baby in your arms while trying to talk to us over the phone.
- Rely on your memory-have a pencil and paper handy before you call.
- Panic--in an emergency, though it's hard not to do when your child needs help, it is difficult for us to help if you are excited and unable to give a history.

We are much more alert and prepared to help meet your pediatric needs in the daytime hours than we are at night. We encourage you to call any time if you have an urgent problem or are concerned. However, if the call is about a long standing problem (e.g. constipation, poor appetite, diaper rash, teething, etc.), or a medication refill, we would be very grateful if you would consider the possibility of calling in the morning when we are better able to serve you.

### **Walk-In Policy**

We at Parkside Pediatrics realize that there will be situations that come up from time to time that are unexpected. We do ask that if at all possible that you call to schedule your appointment in stead of just walking in to be seen. If there is an emergency, we will find a way to work the patient in. This is to ensure that all patient's are seen within a timely manner and no one is delayed for any reason. Thank you.

### **Office Hours**

Our daily schedule will be:

#### **Monday-Friday**

8:30 am - 5:00 pm

Closed for lunch from 12:30 pm to 1:30 pm.

#### **Saturday-Sunday and After Hours**

We are on call 24 hours a day, 7 days a week. Call our main number to reach our answering service.  
864-272-0388.

#### **Holidays**

Parkside Pediatrics observes the following holidays:

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving (open half day Friday)

Christmas (open half day Christmas Eve)

### **What to expect on your 1<sup>st</sup> office visit**

Most babies will be seen 2-3 days after hospital discharge, unless, of course, they need our attention before then. For your convenience, please call our office for an appointment on the day of your hospital discharge. This checkup is probably the most important medical visit for your baby during the first year of life. By 2 weeks of age your baby will usually have developed symptoms of any physical condition that were not detectable during the hospital stay. At that time, we will be able to judge how well your baby is growing from his height, weight and head circumference. This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with us.

We welcome the opportunity to meet the father at the first few "well baby" visits, rather than during the "crisis" of an acute illness.

### **Insurance**

We will see patients with virtually any private insurance coverage from the time we open.

**THIS IS YOUR COPY TO KEEP FOR YOUR RECORDS.**



**PATIENT'S INFO**

Last Name	First Name	Middle Initial
Address	City	State/Zip Code
Telephone #	Date of Birth	Social Security #

**RESPONSIBLE PARTY'S INFO**

Last Name	First Name	Preferred Name
Home Address	City	State/Zip Code
Telephone #	Date of Birth	Relationship to patient
Work #	Cell #	Email Address

**PARENT INFO**

Mother's Last Name	Mother's First Name	Mother's Preferred Name
Father's Last Name	Father's First Name	Father's Preferred Name

**SIBLING INFO**

Last Name	First name	Age	Relationship to patient
Last Name	First name	Age	Relationship to patient
Last Name	First name	Age	Relationship to patient
Last Name	First name	Age	Relationship to patient

**PRIMARY INSURANCE INFO**

Name of Insurance	Name of Subscriber	Subscriber SSN
Insurance Address	City	Subscriber ID #
Insurance Telephone #	State/Zip Code	Group #
Insured's Employer	Insured's Date of Birth	

**SECONDARY INSURANCE INFO**

Name of Insurance	Name of Subscriber	Subscriber SSN
Insurance Address	City	Subscriber ID #
Insurance Telephone #	State/Zip Code	Group #
Insured's Employer	Insured's Date of Birth	

**\*PLEASE FILL OUT BOTH SIDES\***



**PATIENT ALLERGIES (Medicine or food)**

**ANY MEDICATIONS PATIENT IS TAKING**


**EMERGENCY CONTACT INFO**

First and Last Name	Telephone #	Relationship to patient
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**WHY PATIENT IS HERE TODAY (OR) ANY QUESTIONS, COMMENTS, & CONCERNS YOU MAY HAVE**

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**PHARMACY CHOICE**

Name of Pharmacy	Pharmacy Address	Telephone #
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**HOW DID YOU HEAR ABOUT US?**

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Signature of Responsible Party

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Date

**\*PLEASE FILL OUT BOTH SIDES\***



**Coverage change:**

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 90 days, the balance will automatically be billed to you.

**Non-payment:**

Partial payments will not be accepted unless otherwise negotiated with the billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. You will be responsible for any collection or legal cost associated with collecting your account. If this is to occur, you will be notified that you have 30 days to find alternative medical care. During that 30 day period, our providers will only be able to treat you on an emergency basis.

**Missed appointment:**

Our policy is to charge \$25.00 for missed appointments not canceled 24 hours prior to their scheduled time/date. These charges will be your responsibility and billed directly to you, and not your insurance company. Please help us to serve you better by keeping your regularly scheduled appointments.

**Non-covered services:**

Please be aware that some-and perhaps all-of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. You will be billed for all non-covered services.

**Forms of payment:**

Parkside Pediatrics accepts payments by cash, check, money orders, Visa, MasterCard, and debit cards bearing these logos.

**Parkside Pediatrics is committed to providing the best treatment for our patients. Our pricing structures are representative of the usual and customary charges for our area.**

**Thank you for adhering to our payment policy. Signing below indicates that you have read and understand the payment policy and agree to abide by its guidelines.**

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Signature

Date

# MEDICAL HISTORY FORM

Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please answer **all** of the following questions.

## PREGNANCY & BIRTH

YES    NO

- |   |                          |   |
|---|--------------------------|---|
| <input type="checkbox"/>                              | <input type="checkbox"/> | Did you have any illness during pregnancy? If yes, explain _____                |
| <input type="checkbox"/>                              | <input type="checkbox"/> | Did your baby have any problems in the hospital? If yes, explain _____          |
| <input type="checkbox"/>                              | <input type="checkbox"/> | Was your baby premature? (born less than 37 weeks) If yes, when _____           |
| <input type="checkbox"/>                              | <input type="checkbox"/> | Is this your 1 <sup>st</sup> child? If no, how many children do you have? _____ |
| Was the delivery vaginal (normal) or C-section? _____ |                          |   |
| What was your baby's birth weight? _____              |                          |   |
| Where was your baby born? _____                       |                          |   |

## MEDICAL HISTORY (omit if newborn)

YES    NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been hospitalized overnight?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had any operations or surgery?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had 3 or more ear infections?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have more than 3 throat infections a year?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a convulsion or seizure?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have asthma or frequent wheezing?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a blood transfusion?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies? (medications or food) If yes, explain: |
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Has your child had any of the following problems? (If yes, please explain)

Growth & Development	_____	Lungs	_____
Weight change	_____	Heart	_____
Fevers	_____	Stomach or Bowel	_____
Skin	_____	Kidney or Bladder	_____
Head	_____	Genitals	_____
Eyes	_____	Muscles or Joints	_____
Ears	_____	Brain, Nerves, or Seizures	_____
Nose	_____	Hearing or Vision	_____
Mouth & Throat	_____	Excessive bleeding	_____
Neck	_____	School problems	_____
Breasts	_____	Emotional or Behavioral problems	_____

# MEDICAL HISTORY FORM

## FAMILY HISTORY

Please circle any of the following problems that are in your child's close family, and list that family member.  
(Parent, Sister, Brother, Grandparent, Aunt, Uncle)

Tuberculosis	_____	Ulcers	_____
Diabetes	_____	Intestinal problems	_____
Thyroid problems	_____	Kidney problems	_____
Asthma	_____	Anemia	_____
Allergy or sinus problems	_____	Cancer or Leukemia	_____
Seizures	_____	Bleeding problems	_____
Mental retardation	_____	Hearing problems	_____
Heart attack	_____	Vision problems	_____
High blood pressure	_____	Arthritis	_____
Bronchitis	_____	Sickle Cell	_____
Alcoholism	_____	Psychiatric illness	_____

Please explain any other medical history that you consider important:

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List any medications that you child is currently taking:

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## Payment Policy

**\*Please sign & date the back of this form and return it to the front desk.\***

### **Proof of Insurance:**

All patients must complete our patient information forms before seeing the provider. We must obtain a copy of your current, valid insurance card for proof of insurance. If you fail to provide us with the correct insurance information at the time of service, you may be responsible for the balance of your claim.

### **Co-payments and balance dues:**

All co-payments and balance dues must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

### **Claims submission:**

We will submit your claims to your insurance provider and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. **Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.** Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

### **Monthly billing statement:**

After your insurance company pays Parkside Pediatrics, you will receive a monthly billing statement, which indicates your balance due and/or deductibles due. These amounts are payable to Parkside Pediatrics. The balance due amount is payable in full within 10 days of receipt of the monthly billing statement. There will be a monthly service fee of \$20 added to each billing statement if your balance due is not paid. If you have questions about your account please call (864) 272-0388.

### **Insurance:**

We participate in most insurance plans. If you are not insured by a plan we do business with or do not have insurance, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Parkside Pediatrics **does not** file claims with any **secondary** insurance companies.

**Coverage change:**

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 90 days; the balance will automatically be billed to you.

**Non-payment:**

Partial payments will not be accepted unless otherwise negotiated with the billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. You will be responsible for any collection or legal cost associated with collecting your account. If this is to occur, you will be notified that you have 30 days to find alternative medical care. During that 30 day period, our providers will only be able to treat you on an emergency basis.

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**Forms of payment:**

Parkside Pediatrics accepts payments by cash, check, money orders, Visa, MasterCard, and debit cards bearing these logos.

**Parkside Pediatrics is committed to providing the best treatment for our patients. Our pricing structures are representative of the usual and customary charges for our area. Thank you for adhering to our payment policy. Signing below indicates that you have read and understand the payment policy and agree to abide by its guidelines.**

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date







*"Great futures. Small beginnings."*

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

PATIENT INFORMATION (please print):

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

**PLEASE RELEASE ALL MEDICAL RECORDS  
FOR TRANSFER OF PATIENT CARE**

**FROM:**

PHYSICIAN'S NAME \_\_\_\_\_

NAME OF PRACTICE: \_\_\_\_\_

PRACTICE PHONE #: \_\_\_\_\_

PRACTICE FAX #: \_\_\_\_\_

**TO:**

PARKSIDE PEDIATRICS, P.A.

**Please release a copy of all medical records, including but not limited to: vaccine records, progress notes, operative notes, laboratory / x-ray results, and diagnostic tests.**

**BY MY SIGNATURE I AUTHORIZE RELEASE OF ALL MEDICAL RECORDS**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PARKSIDE PEDIATRICS**  
211 Batesville Road Simpsonville, SC 29681-4816  
Phone: 864-272-0388 Fax: 864-213-9237  
www.parksidepediatrics.com



## **Parkside Pediatrics P.A.'s Privacy Notice to Patients**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED BY PARKSIDE PEDIATRICS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

Effective Date: May 15, 2006

Under the HIPAA Privacy regulations, Parkside Pediatrics and all similar health care providers are required by federal law to maintain the privacy of your child's protected health information (PHI) and will abide by the terms in the Privacy Notice. Please be advised that Parkside Pediatrics may use your child's PHI in rendering treatment to your child. For example, we are permitted to use your child's PHI in providing your child with medical care/treatment when your child visits our office or when we treat your child in a hospital or nursing facility. Under federal law, we may disclose your child's PHI to you or we can disclose your child's PHI to third parties for treatment. For example, if we refer your child to a specialist, we will forward your child's medical information to such specialists. We can disclose your child's PHI for payment purposes. For example, we will disclose your child's PHI to your insurance provider, your employer, Medicare, Medicaid, or other party responsible for providing your child with health insurance coverage in order for Parkside Pediatrics to be reimbursed for our services rendered to your child. We will also use or disclose your child's PHI for health care operations. For example, we may use your child's PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your child's PHI, when required by the Secretary of the US Department of Health & Human Services. Unless disclosure is required under federal/state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your child's PHI without your authorization. Our practice may use or disclose your child's PHI in accordance with the specific requirements of the HIPAA rules without Parkside Pediatrics needing to obtain your authorization if the information is:

1. required by law
2. required for public health purposes
3. required disclosures about victims of abuse, neglect or domestic violence
4. required by a health oversight agency for oversight activities authorized by law
5. required in the course of any judicial or administrative proceeding
6. required for a law enforcement purpose to a law enforcement official
7. required by a coroner or medical examiner
8. required by an organ procurement organization for research, and,
9. if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

Additionally, if you are a member of the armed forces, Parkside Pediatrics is permitted to disclose your child's PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission. We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. If, for any reason, you do not wish to be contacted via mail or phone, our office personnel will note your request in your chart. In the event our practice wishes to disclose your child's PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if Parkside Pediatrics decided to release your child's PHI for reasons other than treatment, payment, or for our practice's operations. For example, if we desired to participate in outside research or a drug study, we would need your written authorization prior to being permitted to release your child's PHI to such outside research facility or drug manufacturer. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Parkside Pediatrics a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures. Please be further advised that you have the ability to access, obtain a copy, inspect and request amendment to your child's medical information that we maintain. Additionally, if you desire, Parkside Pediatrics can provide you with an accounting of all disclosures for treatment, payment or healthcare operations and pursuant to authorization. If you have a dispute with our practice regarding the use of your child's PHI or a disclosure by Parkside Pediatrics and believe that your child's primary rights have been violated, please contact Parkside Pediatrics.

Contact to file a complaint or you may contact the Secretary of Health and Human Services. Alternatively, complaint forms are posted on our web site. They can be completed and electronically mailed to us. Please understand that Parkside Pediatrics will not retaliate against you in any way for filing a complaint.

Lastly, please be advised that you have the right to designate a personal representative or request restrictions on certain uses and disclosures of your child's PHI to carry out treatment, payment or healthcare operations or disclosures by Parkside Pediatrics of your child's PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested designation or restriction. If you request a copy of your child's PHI, you also have the ability to request that we send it to an alternative location (different address) and by alternative means.

Additionally, if you have received this notice in an electronic form and you would like a paper copy, please contact Parkside Pediatrics' Privacy Contact. Parkside Pediatrics reserves the right to

amend this Notice as revised. Notices will be posted on our Web site ([www.parksidepediatrics.com](http://www.parksidepediatrics.com)) and in our offices and provided to you upon your request. Thank you and if you have any questions, please contact Parkside Pediatrics @ 864-272-0388.

**THIS IS YOUR COPY TO KEEP FOR YOUR RECORDS**