

NEW BRAUNFELS PEDIATRIC ASSOCIATES, P.A.

1535 E. Common Street, & Annex Bldg. 1533 E. Common Street, New Braunfels, Texas 78130
& 237 Hunters Village, New Braunfels, Texas 78132
Office # (830)625-9153 Fax # (830)609-0572

Timothy W. Owens, M.D., Mark D. Statler, M.D., Jay S. Weinberg, M.D., Sarah E. Rieger, M.D., Ramona Peck, M.D.,
Michelle L. Bernardy, M.D., Kristen Roeder, M.D., Rachel L. Hayden, PA-C., Wendi H. Reagan, RN, CPNP,
Ismaela Gomez, DNP, RN, CPNP, Kristen Roach, RN, CPNP, Sherry Martinez, RN, CPNP

Thank you for choosing our office. In order to service you properly, we will need the following information.

PATIENT INFORMATION

NAME: Last	First	M.I.	Age	Gender
Date of Birth	Patient Home Phone #			
Patient Address	City	State	Zip Code	
Child Lives With	Emergency Name & Relationship		Emergency Phone #	
Mother's Name	Home Phone #	Cell Phone #		
Mother's Address	City	State	Zip Code	
Mother's Date of Birth	Social Security #	Driver's License #		
Mother's Employer	Phone #	Mother's Email Address		
Father's Name	Home Phone #	Cell Phone #		
Father's Address	City	State	Zip Code	
Father's Date of Birth	Social Security #	Driver's License #		
Father's Employer	Phone #	Father's Email Address		
Sibling's Full Names				
Reason for today's visit				
Former Doctor		Referred By		

INSURANCE INFORMATION

(Please present insurance card at time of visit)

Name of Primary Insurance Company	Insurance Company Address	City	State	Zip Code	
Name of Policy Holder	Date of Birth	Policy Holder Address	City	State	Zip Code
Group #	Policy #	Co-pay Amount			
Name of Secondary Insurance Company	Insurance Company Address	City	State	Zip Code	
Name of Policy Holder	Date of Birth	Policy Holder Address	City	State	Zip Code
Group #	Policy #	Co-pay Amount			

I hereby authorize payment of insurance benefits to Timothy W. Owens, M.D., Mark D. Statler, M.D., Jay S. Weinberg, M.D., Sarah E. Rieger, M.D., Ramona Peck, M.D., Michelle L. Bernardy, M.D., Kristen Roeder, M.D., Rachel L. Hayden, PA-C, Wendi H. Reagan, RN, CPNP, Ismaela Gomez, DNP, RN, CPNP, Kristen Roach, RN, CPNP and Sherry Martinez, RN, CPNP. I also authorize the above named parties to release information for the purpose of payments of benefits. A photocopy shall be as valid as the original.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice. For any extenuating or unusual circumstances, please contact clinic administrator Mary Owens, R.N., CMPE, CMM, CPC, CPEDC at (830) 625-9153, ext. #215.

Signature _____ Date _____

Patient Name: _____

DOB: _____

Preferred Language

- English
- Spanish
- Other

Ethnicity (check one only)

- Hispanic or Latino
- Not Hispanic or Latino

Race (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race

**NOTICE OF HEALTH INFORMATION PRACTICES
ACKNOWLEDGEMENT FORM**

New Braunfels Pediatric Associates, P.A.

The attached notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please sign this cover sheet acknowledging receipt of the policy and return it to the receptionist. Review the policy carefully and let us know if you have any questions or requests.

By my signature below, I acknowledge that I have received the Notice of Health Information Practices of New Braunfels Pediatric Associates, P.A. I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

Parent or Legal Guardian: _____

Date: _____

The person(s) listed below have my permission to seek medical attention for my child at New Braunfels Pediatric Associates.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

PLEASE READ THE FOLLOWING CAREFULLY

As the parent or legal guardian of the child designated above, I hereby authorize Timothy W. Owens, M.D., Mark D. Statler, M.D., Jay S. Weinberg, M.D., Sarah E. Rieger, M.D., Ramona Peck, M.D., Michelle L. Bernardy, M.D., Kristen Roeder, M.D., Rachel L. Hayden, PA-C, Wendi H. Reagan, RN, CPNP, Ismaela Gomez, RN, DNP, CPNP, Kristen Roach, RN, CPNP and Sherry Martinez, RN, CPNP or their medical representative, to perform the required medical treatment considered advisable for the patient. I hereby authorize my physician to instruct his/her nurse practitioner to assist him/her in certain aspects of my child's medical care. I understand that a nurse practitioner is not a licensed physician and may diagnose and treat an illness, injury or medical condition, only under the supervision and direction of a medical physician. I further understand that I may revoke this authorization at any time, and I may request to be seen by my physician. I realize that no guarantees can be made as to the eventual outcome of the medical treatment advised or performed. However, I may expect the medical treatment advised or performed to be sound by accepted medical standard.

Parent or Legal Guardian

Date

Patient Name: _____ DOB: _____

Patient Orientation & Financial Policy

Appointments

- Every visit requires an appointment. If you **walk in** we will see you as time allows, unless it is an emergency. If patient is worked in to a full schedule there is a \$35.00 fee for interrupting the regular appointment hours.
- All appointments scheduled after 5:00 p.m. and on Saturdays will be considered after hour appointments and will incur a \$20.00 fee in addition to the office visit fee.
- Any scheduled appointment that results in a no show will incur a \$25.00 no show fee. A no show is any appointment that is missed or not cancelled within 24 hours. A no show letter will be issued and if the problem continues, you will be released from the practice, and must find a new physician for your children.
- We cannot see a **minor patient** without a parent or other responsible adult present. Please do not send your minors in for a visit alone.
- When your child turns 18 they are considered a legal adult and as such we cannot release any information without their written consent.

Nurse Calls/After Hour's Emergencies

- Our nurses will call you back in the order that the calls are received. If you feel your problem is an emergency, please indicate this to the receptionist and they will forward the message to a nurse.
- If you call after hours and your call is not an emergency please use "Call-a-Nurse" at 1-877-647-7440. If "Call-a-Nurse" is not able to answer your questions they will advise you to call the medical exchange @ (830) 608-3402 to speak to the doctor on call. Please let the medical exchange know that you already spoke to "Call-a-Nurse".

Insurance & Billing/Collections

- New Braunfels Pediatric Associates participates with many insurance and medicaid plans. Inclusion in the insurance plan does not indicate that we participate in all groups provided by these insurers. Please verify with your insurance plan or employer / agent that we participate with your specific group plan. Please remember that your insurance is a contract between you and your insurance company. You are personally responsible for any bill, or portion thereof, not paid by your insurance company. Payment is due at time services rendered, including co-pays. In the event that your health plan determines any service to be "not covered," you will be responsible for the complete charge.
- Please verify preventive care benefits with your insurance company including limitations, exclusions and vaccine coverage. When a patient is subject to limitations or if immunization coverage is not at 100%, you may be eligible for the Vaccine for Children program.
- During your wellness visit if another problem or diagnosis is discovered, discussed and treated there may be an additional charge.
- As an advocate for our young patients, New Braunfels Pediatric Associates will not intervene in any custody dispute or financial responsibility dispute between parents or other responsible parties. New Braunfels Pediatric Associates will send statement to the address provided and cannot look to more than one party for financial responsibility.
- Any check returned for insufficient funds will incur a fee of \$30.00.
- As of May 19, 2014, any account submitted to collection agency will be subject to a collection agency fee which may be based on a percentage at a maximum of 28% of the debt, and all costs, and expenses, including reasonable attorney fees which we incur in such collection efforts.
- When requesting medical records to be sent to another doctor for transfer of care, a maximum of \$27.00 will be due. If records are going to a specialist, or all you need is a copy of the summary sheet and shot record, no fee will apply.

Siblings Name & DOB: _____

Parent/Guardian Signature: _____ Date: _____