

WELCOME TO PRESTON CENTRE PEDIATRICS

WELCOME to the pediatric practices of Joseph P. Peterman, M.D., and Jennifer L.B. Wheeler, M.D. We want to insure your transition to care, by the doctors in our office, is as smooth as possible. We hope this information will be helpful and if you have any questions regarding it please feel free to contact us at (214) 987-0777.

OFFICE HOURS: Our staff answers the phone 8:00am – 5:30pm M-TH, 8:00am – 5:00pm F, and 8:00am – 12:00pm Saturdays. After hours you may leave a message for the office staff on our voicemail. Your call will be returned the next business day. Well checkups and sick visits are seen M-F, however on Saturday mornings the physician on call is in the office for sick visits only.

APPOINTMENTS: Routine well child exams are an important part of your child's medical care. A well child checkup focuses on your child's growth and development and the early detection of illness, which requires much more time than regular sick appointments. Scheduling these exams at least 2 months in advance will give you the best choice of time and day as we have to limit the number of well appointments each day to allow time for sick appointments. If your child is ill, please call for a sick appointment as early in the day as possible. Please be patient and flexible with appointments from Oct. to March each year during the heavy cold and flu months. Please arrive 10-15 minutes early for all appointments to allow time for check in and any questions you may have for the nurse.

TELEPHONE CALLS: We welcome phone calls concerning any questions you may have about your child, billing, or our office. We ask that you make all business and non-emergency calls during regular office hours, when we have access to our computer and your child's medical records. Please delay these calls until after 10:00 am to allow early sick appointment calls. Our nurses are trained to answer most questions and will relay information to or confer with your physician as necessary. Antibiotics are not prescribed by telephone. Our doctors prefer to examine your child and tailor treatment to the specific diagnosis. Medication refill requests should be made during regular office hours.

AFTER HOURS CARE: If your child develops an urgent condition that cannot wait until regular office hours please call the office and the emergency number for the doctor on call will be available. Emergencies will be seen regardless of the hour or day.

THANK YOU for your cooperation! We consider it a great privilege to care for your children!

Patient Registration

Patient: Name patient prefers to be called: _____

Last Name: _____ **First Name & M.I.:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ DOB: _____ Sex: _____

Responsible party:

Mother: _____ Father: _____

Home Address: _____ **Home Address:** (omit if same) _____

Home#: _____ Home#: _____

Cell#: _____ Cell#: _____

Employer: _____ Employer: _____

Work#: _____ Work#: _____

Fax#: _____ Fax#: _____

E-Mail: _____ E-Mail: _____

**Nearest friend/relative not residing with
you** _____ **ph#** _____

Whom may we thank for your referral? _____

Patient Medical History:

Birth hospital _____ **Birth weight** _____

Problems at birth? _____

Hospitalization since birth? _____ Surgery? _____

Long-term health problems? _____

Long-term prescription meds? _____

Are your child's immunizations up to date? _____ (Please provide us with record)

Does your child have any allergies? _____

Does your insurance cover vaccinations? _____

Today's date: _____

OFFICE POLICY ON FINANCIAL ARRANGEMENTS

Providing quality medical care for our patients is our primary concern. If you have any medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time service is rendered. We accept cash, checks, MasterCard, Visa and Discover. We will provide the insurance form you will need to file for reimbursement. We must emphasize that as medical care providers, our relationship is with you, not your insurance company. We understand some of you are on a managed care plan and we will try to work with your plan, as we are able. We will try to refer you to a hospital or specialist within your network, if an acceptable one is available. Please let us know if you are on a managed care plan, especially if Children's Medical Center or Medical City are NOT participating hospitals.

Returned checks are subject to a \$25.00 charge and for balances over 30 days, one percent interest per month will be added.

Your appointment time is a time that has been reserved especially for your child. Therefore, if you cannot keep an appointment, please notify us 24 hours in advance to avoid a \$25.00 cancellation fee.

Please keep up with the statements you receive at the time your child is seen, as there is a fee if reprints are needed.

By working together, you should be able to receive all of the benefits offered to you. If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

I have read and understand the policy stated above and agree to accept responsibility as described.

Signature (Patient or Guardian)

Date