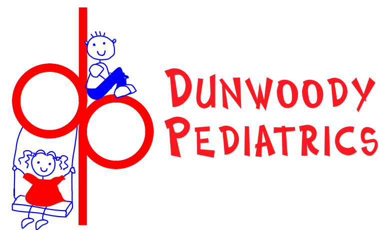

PATIENT INFORMATION FORM

Julius Sherwinter, M.D. FAAP
Stephanie Jernigan, M.D., FAAP
Terrence Gfroerer, M.D. FAAP
Kelly Wilburn, M.D., FAAP
A. Gerald Reisman, M.D., FAAP
Gloria Ana Berenson, M.D., FAAP
Linda S. Kelly, M.D., FAAP
Michele Barton, M.S.N., C.N.P.

Patient Name: (Last, First, MI)	Today's Date (mm/dd/yyyy)

Address	City, State, Zip Code
Home Phone Number:	Cell Phone Number:

Please circle one below:	Date of Birth	Social Security Number
Male Female		

Legal Parent/Guardian:	Relationship:

Emergency Contact and Phone #:

PARENT'S INFORMATION:

Father: Marital Status:	Mother: Marital Status:
S M W D Sep	S M W D Sep
Occupation:	Occupation:
Employer:	Employer:
Business Telephone:	Business Telephone:
SS# DOB:	SS# DOB:

PRIMARY INSURANCE COMPANY INFORMATION

Name of Insurance Company:

Policy Holders Name:	Policy/Member #:
Address:	City/State/Zip
Effective Date:	Group #:

SECONDARY INSURANCE COMPANY INFORMATION

Name of Insurance Company:

Policy Holders Name:	Policy/Member #:
Address:	City/State/Zip
Effective Date:	Group #:

SIBLING'S NAMES AND DATES OF BIRTH

1.	DOB:	4.	DOB:
2.	DOB:	5.	DOB:
3.	DOB:	6.	DOB:

I, the undersigned, agree to permit Dunwoody Pediatrics, LLC to render medical services to my child. I also authorize the release of any medical or other information necessary to process my child's insurance claim. This release includes release of medical information to other doctors or to insurance companies. I authorize payment to be made directly to Dunwoody Pediatrics for services rendered and I understand that I am financially responsible for all charges whether paid by insurance or not.

Signature: **Date:**

THANK YOU! Dunwoody Pediatrics form #021

Administrative Policies
Dunwoody Pediatrics

We at Dunwoody Pediatrics are committed to offering the best possible medical care for your children. In order to provide this, we need you to be aware of and understand our Administrative policies. Please review these below.

Co-pays: All co-pays are to be paid at the time of the visit. In the event we have to bill you for the co-pay, a $15.00 administrative fee will be added to your account.

Insurance: If we are contracted with your insurance company, we will bill them directly, after you have paid your co-pay. Any remaining balance that the insurance company advises us is your responsibility, such as deductibles or non-covered benefits, will be billed to you and payment will be expected within 30 days from the statement date. If payment is not received within 30 days, or payment arrangements made, your account will be reviewed for collection action.

If we cannot verify that your insurance is current, you will be responsible for payment in full at the time of services or you can choose to reschedule.

Payment Arrangements: In the event you are unable to pay your balance in full, you must contact our Business Office promptly to make monthly payment arrangements. Payments will be based on your balance and payment arrangements cannot exceed 6 months. In the event you are unable to make a payment, you must contact our billing department or your account will be sent to our Collection Agency.

Method of Payment: We accept cash, checks, Visa, MasterCard and Debit Cards.

Returned Checks: These are handled by an outside agency. You will be contacted directly by them. There is a fee for all returned checks.

Divorced, Separated or Blended Families: Dunwoody Pediatrics will not become involved in any agreement, understanding, and/or court orders. As always, payment is expected at the time of service. If reimbursement is to be from an absent parent, it is your responsibility to collect this reimbursement, not Dunwoody Pediatrics responsibility.

Late Policy: If you are more than 20 minutes late for your appointment, you may have to reschedule, or you may have to be bumped to the end of the morning or afternoon session in order to be seen.

Missed Appointment Fee: There is a fee for missed appointments. Please see separate sheet for this policy.

Prescription Refills: Prescription refills must be made during office hours so that your child's chart is accessible to the Provider. Please have your pharmacy telephone number available when you call. Your prescription will be called in by the end of the next business day.

Release of Medical Records: We do not copy records in office. These are handled by an outside agency. You must complete a Medical Release Form. The records will then be sent to you or to whom you have designated, by the outside agency along with a bill for the copying materials.

Forms: We require 10 business days to complete camp, sports, health, or immunization forms. Fees vary depending on the type of form. Please see our front desk staff for further information.

Signature of Responsible Party Date