Ellenton Pediatrics

Welcome to Ellenton Pediatrics, Your Child's Medical Home

www.ellentonpeds.com
Follow us on **Facebook**

This letter will acquaint you with our office policies and procedures. We strive for a mutually respectful and thriving partnership with your family, with a common ultimate goal: your child's health and well being.

We are a group of pediatric providers offering comprehensive primary care to infants, children and adolescent patients through high school. We work as a team, with a unified philosophy of medical practice. We consult with one another on a regular basis and want you to feel comfortable with each of us. We do encourage all patients to see the same primary care provider, doctor or Certified Nurse Practitioner (CNP), as often as possible. While this can clearly be done for your well child visits, there will most likely be times that your child needs to be seen, but your usual provider is not available. Your child will always receive outstanding care.

1. OFFICE HOURS

Monday - Friday, 8 a.m. to 5 p.m.
Our office is closed for lunch from 12.15 p.m. to 1.15. p.m.

2. APPOINTMENTS

Patients are seen by appointment only. Walk-ins are strongly discouraged.

Walk-ins lead to increased wait times for scheduled patients. If you arrive without an appointment, we will schedule your child for the next available time slot. To avoid having to return later, please call our office to make an appointment prior to coming in.

In the event of a life-threatening emergency, dial 911.

We will always do our best to schedule a same day appointment for an ill child, but this may not be possible if you call us late in the afternoon.

Emergency rooms are for serious illnesses or injuries. Whenever possible call our office before going to the emergency room. Many times we can help you avoid time-consuming and costly emergency room visits.

Please call in advance to ask if a sibling of a child who is already scheduled may also have an appointment for a sick visit. We may not be always able to accommodate if you simply have the sibling "tag along".

Please inform the person who is scheduling your appointment what you would like to discuss at that visit so adequate time is allowed. Inadequate time allowed for discussion of multiple issues and patients arriving late for appointments are the two most common reasons providers run late in seeing the patients that follow.

We recommend yearly, preventative, well exams for all children and adolescents, ages 3 to 19. Before age three, visits are more frequent: 3-5 days, 2-4 weeks, then 2, 4, 6, 9, 12, 15, 18, 24 and 30 months.

Patients of all ages with chronic health concerns and/or requiring daily medication regular refills (asthma, allergies, diabetes, obesity, ADHD etc) may be required to follow up as instructed by your provider, usually every 3 to 4 months.

3. REMINDER CALLS

As a courtesy, you may receive automatic or front desk reminder phone calls 1-2 days in advance of your scheduled appointment. Regardless of whether you get this call or not, it is your responsibility to come at your scheduled appointment time, or to call and cancel if you cannot make it. Please keep us informed of any changes to your contact information.

4. MISSED / CANCELLED APPOINTMENTS

We kindly request that you provide at least 4 business hours cancellation-notice, so we can offer the time slot initially reserved for your child to another family who needs it. For example, a 2 PM appointment may be cancelled by 10 A.M same day, while an 8 A.M. appointment will need to be cancelled by 1 PM the prior business day. We do not overbook our schedule to accommodate no-shows. Overbooking means long-wait times and unhappy parents. Please don't miss your appointment!

Patients who miss two or more appointments within a 12 month-period, will be charged a $25 fee. The No-Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. After three No-Shows, we reserve the right to decline any further appointments, and sever our relationship.

Families who no-show well exams scheduled for 2 or more siblings concomitantly may not be allowed to schedule the children's well exams together again.

Missing an appointment without any kind of notice or valid excuse is simply inconsiderate for our physicians and also for the other patients, who may have been denied the time slot we reserved for your child.

Prospective patients who miss their first appointment will not be able to reschedule.

Our practice firmly believes that a successful provider - patient relationship is based upon understanding, good communication and mutual respect. We trust that you will be here for the time we scheduled just for your child.

5. LATE ARRIVALS
If you're running late for an appointment due to unforeseen circumstances, we ask that you please call our office to let us know that you're on your way, so that the providers can continue to see patients in a timely manner. Please be aware, notifying us of late arrival does not guarantee you will be seen close to your scheduled appointment time, and may result in a longer wait. **Arrival 30 minutes or more after your appointment time will result in an automatic cancellation, and the No-Show policy will apply.**

6. FORMS
If you require a form for day care, school, camp, sports, or any other activity, please request it to be filled out at the time of your child's well exam. If you request a form to be filled out at a later date, please allow 24 - 48 business hours for the form to be completed.

7. PRESCRIPTION REFILLS
Please allow 24-48 hours for any medication refill, and if possible, have your pharmacy send us a refill request. Plan ahead: do not wait until the medicine container is empty. **We will not refill medications after business hours.**

8. SPECIALIST REFERRALS / AUTHORIZATIONS
If your child has a scheduled appointment with a specialist and your insurance requires a referral or authorization, please arrange for the specialist to send us an authorization request at least 72 hours prior to the appointment. Several insurances will also require us to first evaluate the child's medical matter in our office, and confirm that a specialist referral is indeed necessary.

9. UPDATE ADDRESS / PHONE
Please remember to update your patient information with a current address and one or more contact phone numbers each time you are in the office, so that we can reach you with scheduling issues and test results (labs, radiology etc).

10. MEDICAL RECORDS
If you request a copy of your child's medical record there is a processing fee. Records will be transferred within 30 days of the written request.

11. ADHD
If your child is receiving medication for ADD/ADHD, please ask for our ADHD/ADD guidelines.

12. HIPAA
We do not fax any medical information to your home or work office. We will fax immunization records to your child's school or daycare. We do not communicate with patients through emails or text messaging.

13. AFTER HOURS CALLS

For medical emergencies, please call 911.
For poisoning emergencies, please call Poison Control at 1-800-222-1222

We are committed to providing guidance and comfort to our patients any time it is needed. As a courtesy to all their patients, our doctors and nurse practitioners offer an after hours advice and triage service.

Most insurance companies have a toll-free advice line. The number can be found on the insurance card. Still, if you wish to speak with one of our providers regarding an urgent medical problem that cannot wait until regular business hours, please call the office number (941) 723-7877, follow the prompts, and the provider on call will be paged.

After hours, our providers do not have access to medical records and do not renew prescriptions. They do not discuss long-term complaints or routine questions, and do not schedule, nor cancel appointments. They will not call in prescriptions for a problem that was not first evaluated in the office. Medication dosing information for fever reducers and Benadryl may be found on our website. After-hours phone calls should be limited to urgent matters that cannot wait until the office opens. If you are calling after 9 p.m., please only do so if there is a true emergency.

Our physicians and nurse practitioners rotate being on call. Thus, the on call provider is unlikely to be the same one you may have seen in the office. The on call pediatrician is not at the office and is likely at home with their family. Calls for obviously non-urgent matters will not be returned.

Please leave a message with the child's full name, date of birth and a brief reason for your call. We triage the urgency of the calls received. Please do not forget to leave your complete phone number, if possible more than once, and even an alternate number. All calls will be returned from private numbers. Please make sure that the phone number at which you want to be reached has the caller ID block disabled, so that our providers can connect with you. Inform the provider if your child has any chronic condition (such as diabetes, asthma, heart disease). The on call pediatricians cannot make a medical diagnosis over the phone; they can only provide limited advice. They may recommend that your child be seen in an emergency room or urgent care center. However, since they do not actually examine the child, it will be your decision if a child may wait to be seen in our office during business hours, or if an urgent care or ER visit is needed.

Our providers will always try to call you back promptly. In the rare case that you have not been called back 30 minutes after you left a message, please call again. Urgent hospital matters, multiple concomitant calls, a poorly heard message or no return phone number left at all, technical difficulties and other factors may occasionally prevent our providers from calling you back. In the event you are unable to reach us, and feel that you cannot wait, please take your child to the nearest urgent care center or emergency room.

14. FACEBOOK

Our Facebook page is meant to be informative, to keep a light tone, and to entertain. We try to provide reliable online resources about childhood conditions, development and behavior, immunizations, nutrition and parenting in general. We strive to stay up to date with the most current medical research, and to communicate timely specific facts about our practice, such as information about illnesses most seen and community outbreaks. Our providers are the only ones administering and contributing to this page, based on their pediatric training and experience, their practical knowledge as parents, and their common sense. We do appreciate all your "likes" and thrive on them, since it is often the only feedback we receive. Our Facebook page is not monitored daily. We do not answer specific medical questions, nor offer treatment recommendations on Facebook. We kindly invite you to call our office for such matters, or to speak with your child's provider. Everyone is welcome to leave comments and to make suggestions about content. All comments are public and can be viewed by all users of this site. Though differences of opinion may eventually arise, we ask that you avoid any confrontation about it with us or other parents on Facebook.

REMEMBER! Do not use the Ellenton Pediatrics Facebook page to send us messages about medical concerns, administrative or billing matters. If you need us, please CALL US.

15. WAITING TIME

We make every effort to keep your wait time to less than 15 minutes. However, on busy days, or if we encounter unexpected emergencies, it may be longer. Please let us know if you are under a lot of time pressure, or if you have been waiting for longer than 30 minutes. In general, the most common reason that we get behind is because our patients come late. **Tip**: scheduling first appointments in the morning and first in the afternoon will always lead to less waiting time. Obviously, most parents prefer the after school slots, but that is also when the wait time will be the longest. Plan your non-urgent appointments timely and wisely.

16. WAITING ROOM SICK / WELL AREAS

You've asked, we've listened: our spacious waiting area is separated in WELL (left) and ILL (right) areas. Please sit in our ill area your child is scheduled for a well exam, but has an acute illness, such as fever, colds, pink eye etc. Inform us right away if the child has fever and a rash. For the infection control purpose, we are against toy sharing in our waiting and exam rooms. We encourage you to bring with you something to keep your child occupied, or to ask our receptionist for a book to read with her/him while waiting.

17. EXAM ROOMS

Our ten examination rooms are playfully colored and decorated. Please tell us if your child has a favorite color or room, so that she/he could be more at ease during her visit. All rooms have books for parents to read to their children and for older kids to peruse by themselves. Please do not allow toddlers to bite, rip apart or stomp on the books, and return the books to their shelf when finished. We gladly accept donations of used children books. **Supervision of children is the parent's/guardian's responsibility.** Please keep their busy little hands away from our equipment, doors, drawers and wall decor.

18. IMMUNIZATIONS
Every year, vaccines save millions of lives. Vaccinating your children may be the single most important health-promoting and life-saving intervention that you can perform as parents. Public health policy exists to promote the well being of all the children in our community.

Our pediatricians strongly believe in the importance and safety of immunizations. They are parents themselves, and their children are fully vaccinated. Unless medically contraindicated, they advocate vaccinating all children according to the schedule published by the U.S. Center for Disease Control & Prevention (CDC). We share your child's vaccines with Florida Shots, the statewide database.

19. DIVORCED PARENTS
"Joint Custody" means that each parent has equal access to the child's medical record. Without a court order, we will not stop either parent from looking at their child's chart or obtaining their child's test results. We will not call the other parent for consent prior to treatment. We will discuss with the accompanying parent information pertinent to the child's history and/or present exam. The parent not in attendance should obtain all information regarding the appointment from the attending parent. If possible, please refrain from calling us after the visit to inquire about what was already discussed with the other parent. Should the issues that come between parents become disruptive to our organization, we will discharge the patient from further treatment.

20. MUTUAL RESPECT
This office is our work home and you are our welcome guest. We expect all of our guests to treat our staff and work home with full respect, as any guest in any home. Those who do not show respect may be asked to find care elsewhere. In return we expect our guests to be treated not only with respect, but kindness in all our interactions.

Cell phones: So that we may serve you better we request you shut off your cell phone while in the office unless needed for emergency contact.

If you are unhappy with any aspect of the service or care provided by Ellenton Pediatrics, we want to know about it. You may express your concerns to your child's physician or nurse practitioner, to another health care provider, or to our office coordinator. Unless we are aware of a problem, we are unable to correct it.

21. PATIENT/PROVIDER PARTNERSHIP IN THE CHILD"S HEALTH
You are an important partner in your/your child's health care, and we encourage you to take an active role, and to discuss any concerns with your child's pediatrician. If you find you cannot comply with a treatment plan, please discuss that with your child's provider. Otherwise, those who do not comply may be asked to find medical care elsewhere.

22. TERMINATION
We have the right to terminate a relationship with any patient/parent who is verbally abusive with any of our providers or staff, who repeatedly fails to follow our medical advice, who has three or more no-shows, or who does not pay for services.

Ellenton Pediatrics

Cristian Chiritescu, MD, FAAP
Alina Chiritescu, MD, FAAP
Jessica M. Zeller, ARNP, CPNP
Jessica R. Eastman, ARNP, CPNP

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NEW PATIENT REGISTRATION

(To be printed by a parent, filled out and taken to Ellenton Pediatrics at your first visit.)

Today's Date:	**Who referred you to our office?**		
PATIENT'S INFORMATION - Please provide the receptionist your insurance card and photo identification to photocopy.			
Child's Legal Last Name:	First Name:	Middle:	Nickname:
Birth Date:	Birth Weight:	Age:	Sex: ☐ Male ☐ Female
Address:	Post Office:	City/State/ZIP Code:	
Primary Language:	Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown	Race: ☐ Asian ☐ Black ☐ Hawaiian ☐ White	
If adults in the household work outside the home, what child care arrangements are made for this child?			
Sibling's Name and Age:	Sibling's Name and Age:	Sibling's Name and Age:	Sibling's Name and Age:
PARENTS' INFORMATION - Please inform the receptionist if any of the information listed on this form changes in the future.			
Mother's Legal Last Name:	First Name:	Maiden Name:	Birth Date:
Age at Birth of Patient:	Home Telephone:	Cell:	Email:
Occupation:	Employer:		Employer Phone:
Father's Legal Last Name:	First:	Middle:	Birth Date:
Home Telephone:	Cell:	Email:	
Occupation:	Employer:		Employer Phone:

PREGNANCY AND BIRTH INFORMATION

Medical problems during this pregnancy (illnesses, infections, anemia, etc.): _____

_____

Was baby born within two weeks of expected day? ☐ Yes ☐ No ☐ Early ☐ Late

Delivery was: ☐ Spontaneous vaginal delivery ☐ Forceps ☐ Cesarean section

Where was the baby born? _____ How many days in the hospital? _____

Where there any complications for the baby while in the hospital? ☐ No ☐ Yes Explain below:

_____

Was baby breast fed? ☐ Yes, How long? _____ ☐ No

PAST MEDICAL HISTORY

Where has your child gone for medical check-ups until now? _____

What is the date of his/her last medical checkup? _____ Are parents in good health? ☐ No ☐ Yes

What is the date of your child's last dental checkup? _____ Where? _____

Is your child taking any medications regularly? ☐ No ☐ Yes If so, which medications? _____

Any reactions to medications, foods, insect bites? ☐ No ☐ Yes If so, which ones? _____

Has your child had reactions to any immunizations? ☐ No ☐ Yes If so, which ones? _____

Any hospitalizations other than at birth? ☐ No ☐ Yes Age and reason for hospitalization: _____

Any serious injuries? ☐ No ☐ Yes Describe the injuries: _____

Does anyone in the household smoke? ☐ No ☐ Yes If so, whom? _____

Do you have any pets? ☐ No ☐ Yes If so, what kind? _____

Please check the boxes below if your child has had any of the following illnesses or injuries:

- ☐ Allergies
- ☐ Asthma or Recurrent Cough
- ☐ Broken Bone(s)
- ☐ Chickenpox
- ☐ Eye or Ear Problems
- ☐ Feeding or Eating Problems
- ☐ Hearing Problems
- ☐ Heart Murmur
- ☐ Knocked Unconscious
- ☐ Learning/Developmental Issues
- ☐ Measles or German Measles
- ☐ Meningitis
- ☐ Mumps
- ☐ Poison Ingestion
- ☐ Pneumonia
- ☐ Seizures
- ☐ Throat Problems or Tonsillitis
- ☐ Tooth Problems
- ☐ Urinary Problems
- ☐ Vision Problem

☐ Other illnesses or injuries your child has had: _____

FAMILY MEDICAL HISTORY

Please check the boxes below if there is any family history of the following conditions. Consider extended family such as aunts, uncles, cousins and grandparents.

- ☐ Allergies or Hay Fever
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune Problems (Thyroid, Lupus, Etc.)
- ☐ Birth Deformities
- ☐ Bleeding Tendencies (Hemophilia)
- ☐ Bone Disease
- ☐ Breathing or Lung Problems
- ☐ Cancer
- ☐ Colic
- ☐ Colitis
- ☐ Congenital Anomalies
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Eye Problems
- ☐ Foot Problems
- ☐ Hearing Loss or Ear Trouble
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HIV or AIDS
- ☐ Kidney Disease
- ☐ Liver Disease (Hepatitis)
- ☐ Mental Illness
- ☐ Other Neurological Problems
- ☐ Scoliosis, Hip Dysplasia or Other Orthopedic Problems
- ☐ Seizures
- ☐ SIDS Or Other Infant Death
- ☐ Skin Problems
- ☐ Substance/Drug Abuse
- ☐ Tuberculosis
- ☐ Urine Infections
- ☐ Ulcers

☐ Other medical conditions in your family's history: _____

IN CASE OF EMERGENCY

1. Name of Local Friend or Relative (not living at the same address):		Relationship to Patient:
Home Telephone:	Work Telephone:	Cell:
2. Name of Local Friend or Relative (not living at the same address):		Relationship to Patient:
Home Telephone:	Work Telephone:	Cell:

INSURANCE INFORMATION - Please provide receptionist your insurance card and photo identification to photocopy.			
Person responsible for bill:		☐ Mother ☐ Father ☐ Other, what is your relationship to child?	
Address, if different from Page 1:		Home Phone:	Driver's License Number:
Occupation:	Employer:	Employer's Telephone:	Employer's Fax:
Employer Address:		Is the patient covered by insurance? ☐ No ☐ Yes	
Insurance Company:	Insurance Telephone:	Policy Number:	Group Number:
Insurance Company Address:		City/State/ZIP Code:	
Secondary Insurance Company:	Insurance Telephone:	Policy Number:	Group Number:
Secondary Insurance Company Address:		City/State/ZIP Code:	

CONTACTING YOU - How would you ideally prefer to be contacted by Ellenton Pediatrics regarding the following?				
Medical Issues:	☐ Home phone	☐ Work phone	☐ Cell phone	
Appointment reminders:	☐ Home phone	☐ Cell phone	☐ Home email	☐ Work email
General practice notices:	☐ Home address	☐ Home phone	☐ Cell phone	

PERMISSION TO TREAT • RELEASE OF MEDICAL INFORMATION FOR CLAIM PAYMENT • PAYMENT AGREEMENT

By the signature below, I hereby certify the correctness of the above information. As parent or legal guardian of the minor patient(s), I authorize the medical providers of Ellenton Pediatrics and any other physicians who are on call for Ellenton Pediatrics to evaluate and treat my child/children as deemed medically necessary.
As parent or legal guardian of the minor patient(s), I authorize Ellenton Pediatrics to release any medical information necessary for evaluation and treatment of the above named child/children by other physicians and/or specialists. I also authorize all other medical providers to release any medical information necessary for evaluation and treatment of the above named child/children to Ellenton Pediatrics.

I authorize release of any information necessary to complete any insurance claim and hereby authorize my insurance benefits to be paid directly to Ellenton Pediatrics. As parent or legal guardian of the minor patient(s), I agree to pay for all services rendered in accordance with the terms and conditions set forth in the financial policy of this office (available from the business office). I will promptly pay any covered or non-covered charges not paid by my insurance company, including but not limited to, charges to my account for after hours telephone advice. Any dispute over said charges will be handled between me and my insurance company.
If it becomes necessary for the account to be referred to collective action, I shall pay the actual attorney's fees and collection expenses.

I have been informed that Ellenton Pediatrics' HIPAA Notice of Privacy Rights and Practices is posted in the office and I may have a copy upon request.

Signed _____ Date _____
Patient or Responsible Adult

Welcome To Ellenton Pediatrics

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RECORDS IN AUTHORIZATION
(Transfer of Patient Records From Previous Physician)

Date _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

As the parent or legal guardian, I authorize the physician listed below to furnish a copy of my child's/children's records of medical care and treatment, full detail including immunizatons, to Ellenton Pediatrics.

Previous Physician _____ Clinic Name _____

Physician's Phone _____ Physician's Fax _____

Please initial for requested records:

___ Immunizations ___ Consultations ___ Physical Exams ___ Labs, X-ray Results

Parent's Name _____ Telephone _____

Parent's Address _____

Parent's Signature _____

Witness _____ Witness's Signature _____

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FINANCIAL POLICY

Your insurance is a contract between you and the insurance company. We are not a party to that contract. Not all services are covered benefits. We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. While the filing of an insurance claim is a courtesy that we may extend to our patients, all charges are your responsibility from the date the services are rendered.

We will be happy to bill your insurance and will accept the assignment, however, any unmet deductible coinsurance and co-pay will be collected at the time service is rendered. Any difference will be included in our monthly statements and payment is expected upon receipt.

If there is an uncertainly regarding insurance coverage for services that we provided, we prefer that you contact your insurance carrier directly for benefits on your plan.

If Ellenton Pediatrics is a participating provider for your insurance company and your policy requires a written referral for any visit to the specialist it is your responsibility to inform us at least 48 hours before your appointment time, otherwise you will be responsible for the insurance denial of services provided by the specialist.

Payment for services is due at the time services are rendered. Any patient responsibility transferred by the your insurance is due immediately after it is determined by your insurance and communicated by us through our monthly statements. For your convenience, we offer the following methods of payment: personal checks in person or by mail and credit cards payments either in person or by telephone.

There will be a fee of $20 charged to the patient's account for missed appointments that were confirmed with the patient's parents or appointments canceled without at least eight hours advanced notice.

FINANCIAL ARRANGEMENTS

We expect payment in full at each appointment. All returned checks are subject to an additional $25 fee. **LATE FEES WILL BE ASSESSED ON ANY OUTSTANDING BALANCES DUE.**

AUTHORIZE AND RELEASE

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to my child during the period of such care to third party payers an/or other health practitioners.

I authorize and request my insurance company to pay directly to the physican or physician's group insurance benefits. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on behalf of my dependents. I understand and accept that I am financially responsible for any and all charges incurred for professional services rendered to me. I also understand and accept that I am responsible for any charges incurred should collection proceeding become necessary to enforce that agreement. I have read and understand the above.

Parent's Signature _____ Date _____

PRIVACY POLICY NOTICE AND CONSENT

My signature below represents my understanding and willingness to comply with this policy. I acknowledge I have read and received a copy of the Ellenton Pediatric Privacy Policy brochure.

Parent's Signature _____ Date _____

Ellenton Pediatrics

NO-SHOW POLICY

No-Shows limit access to medical care for other patients. Office appointments cancelled with less than 4 hours notification, and arrivals more than 15 minutes-late are also considered NO-SHOWS. We kindly request that you provide at least 4 hours cancellation-notice during business hours, so we can offer the time slot initially reserved for your child to another family who needs it. We understand that situations may arise in which you must cancel your appointment, therefore we concede to one No Show occurrence for an already established patient, before this policy applies.

NO SHOWS ARE SUBJECT TO A $25 FEE.

1. After the first missed appointment, the patient will receive a No-Show letter, as a reminder of this policy.

2. Patients who miss two (2) or more appointments within a 12-month - period, will be subject to a $25 fee. The No-Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

3. After three (3) No-Shows, we reserve the right to decline any further appointments.

Prospective patients who miss their first appointment will not be able to reschedule.

Our practice firmly believes that a successful provider - patient relationship is based upon understanding, good communication and mutual respect. We trust that you will be here for the time we scheduled just for your child.

- THANK YOU -

Please sign that you have read, understand and agree to this No-Show Policy.

_____ **Date of birth** _____
Patient Name (Please Print)

_____ _____
Signature of Parent or Patient Representative **Date**