



WELCOME LETTER

Welcome to PETITE PEDIATRICS. We are glad that you have chosen us to provide your child's primary care, and we are looking forward to working with your family.

Enclosed you will find our new patient information forms. Please complete and submit each of the following documents to our office prior to or at the time of your first visit.

Required

- Family Demographic Information:** This form provides your address and phone number, emergency contacts, and insurance information. *Only one form needs to be completed per household.*
- Health History or Newborn Health History** (newborns only): Provides information about your child or newborn's medical history.
- Patient Consent:** Provides Petite Pediatrics consent to treat and release information; financial agreement and assignment of insurance benefits.
- Notice of Privacy Practices:** Describes how medical information may be used and disclosed and how to get access to this information.
- Physician-Patient Arbitration Agreement:** Binds both you and Petite Pediatrics to a standard arbitration procedure in the event a complaint should ever arise. By signing this agreement you are NOT giving up your right as a patient to file a complaint or to seek damages. Rather, a board of qualified arbitrators will adjudicate any complaints that may arise.
- Medical Records Release:** It is important that we obtain copies of your child's previous medical records from those who have treated your child in the past. Please complete a separate release form for each doctor your child has seen.

Optional

- E-mail Consent Form:** Complete and submit if you would like to send and receive e-mails from our practice.
- Designated Representative Consent Form:** Complete and submit if you anticipate that someone other than a parent or legal guardian will accompany your child to his/her appointment.

It is also important that you contact your insurance company to notify them that PETITE PEDIATRICS will be serving as your child's medical home. Also, please bring your insurance card(s) so that we may courtesy bill on your behalf.