

Child's Name: _____

Today's Date _____

EXPRESS REGISTRATION

Personal Info

Please fill in completely and legibly

Child's Name: _____ M ___ F ___ Date of Birth: _____ AGE: _____

Parent / Guardian Name: _____

Address(list for both parents if not same): _____

Mother's Phone#: (h) _____ (w) _____ (c) _____

E- mail: _____

Father's Phone#: (h) _____ (w) _____ (c) _____

E- mail: _____

Referral Info

****All info is required**

How did you hear about the PEDI Center (if referred by a friend please provide their name and address so we can send a thank you gift)

Primary/ Referring Physician: _____

Address: _____

Phone: _____ Fax: _____

Age Range

**** Circle one**

My child is between the ages of:

- 0 - 1yr, 11 months
- 2yrs - 3yrs, 11 months
- 4yrs - 5yrs, 11 months
- 6yrs - 8yrs, 11months
- 9yrs - 11yrs, 11months

Please print off and fill out the questionnaire specific to your child's age from the website.

Relevant History

Pregnancy and birth history: _____

Any hospitalizations, surgeries or significant illness: _____

Child's Name: _____

IMPORTANT COMPANY POLICIES

Please
initial
each
box

Late Policy "15 minutes" Being late greater than 15 minutes will require rescheduling your appointment or waiting until the next available opening. There are no guarantees since openings due to cancellations are unpredictable. We do not allow appointment overlap because this undeservedly compromises the care of another patient.

24 Hour Advanced Notice Fee If you wish to cancel or change an appointment, we require at least **24 hour advanced notice**. Anything less will result in a **\$10 fee** charged to your account. It costs us money to make appointments available to you whether you attend or not (staff wages, rent etc.) We do not make money with this charge it merely deters last minute changes. Advanced notice allows someone else (who needs it) the opportunity to reserve that space. Please be courteous and responsible. Thank you

Co-pays are due upon arrival If you happen to forget your wallet or check book we may still be able to see you but you, will have to fill out an Extension Request. This is a "promise to pay" that carries minimal fee that allows you to keep your appointment.

No shows are bad If you fail to show for an appointment without notification you will automatically be removed from the schedule and charge a **\$35 Fail to Show Fee**. You may reschedule appointments again on a 'first come, first serve basis'.

Cellular phone must be shut OFF or silent We realize that emergency may arise and you need access to your cell phone, however, please be courteous and set it to silent mode or turn it off during the session. If you must take or make a call we ask you notify the therapist and step outside the building.

All Children require supervision at all times All children require adult supervision at all times either with a parent or a therapist. It is NOT appropriate to leave children alone in the waiting area and it is NOT SAFE to allow them to roam unsupervised in the treatment rooms. We encourage parents to be in therapy sessions whenever possible. This includes bringing siblings into the room if they can restrain from disrupting treatment. If clients do not do well with parents in the room or siblings are distracting you will be asked to stay in the waiting area. Your children are responsible for cleaning up after themselves. Please be responsible.

Financial Hardship If you are experiencing difficulties and cannot afford the cost of our services we have a 'Financial Hardship Form' you may fill out. If you qualify for financial assistance based on the federal guidelines we may legally assist you by waiving or discounting your (patient responsibility) portion of the bill. Please ask the front desk for assistance.

Important notice from the federal government It is unlawful to routinely avoid payment of copay, deductible and/ or coinsurance...even if your doctor allows it. Unless you fill out a Financial Hardship Form and qualified based on federal standards you **MUST** pay your responsibility portion as outlined by your insurance. Failure to comply is a violation of the law.

I have read and agree to all the policies.

Sign _____ date _____

I recognize policies are subject to change at the discretion of the PEDI Center.