



MP
Pediatrics

Dr. Jennifer Perez, MD, FAAP, IBCLC
Nurse Practitioner Kim Carbonara, ANP, CPNP
7222 W. Cermak Rd, Suite 504
North Riverside, IL 60546
Phone: (773) 284-6270 Fax: (773) 284-6290

NEW PATIENT INFORMATION FORM

Patient Name	Last Name	D.O.B	(M)Male / (F) Female
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Address	City	State	Zip Code
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Phone number

Responsible Party or guarantor Information:

First Name	Last Name	D.O.B	Soc Sec Number
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Email address:

Insurance Information:

1.

Name of the Insurance	Policy Number	Group Number	Start Date
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2.

Name of 2 nd Insurance	Policy Number	Group Number	Start Date
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How did you hear about us?

Other Information for Medical Emergency Contact:

Name	Last Name	Relation	Phone Number
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I understand that I am financially responsible for all charges not covered by my Insurance as permitted under law. I authorize the release of any medical information necessary to process any insurance billing for service rendered.

Signature

Date



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JENNIFER A PEREZ, MD, FAAP, IBCLC
NURSE PRACTITIONER KIM CARBONARA, ANP, CPNP
7222 W. CERMAK, SUITE 504
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PHONE 773-284-6270, FAX 773-284-6290

Confirmation of Forms received

() Initials

I acknowledge that I have received the HIPPA disclosure information.

() Initials

I acknowledge that I understand the credit card hold awaiting proof of insurance for the first 30 days of life.

() Initials

I acknowledge that I have received and understand the office policies, including the vaccination policy.

() Initials

I acknowledge that I have received and understand the patient financial responsibilities document.

() Initials

I acknowledge that I understand that there will be a \$50 charge for missed appointments not canceled within 24 hours.

Patient Name

D.O.B

Printed Name of Responsible Party

Signature of the Responsible Party

Date

4/30/21



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Name of Patient _____

D.O.B _____

Responsible party for payment _____

Name on Credit Card _____

Card Number _____

Expiration Date _____ Security Code _____

I _____ agree to authorize MP Pediatrics Corp to debit this credit card for all billable fee's associated with New-Born medical care If proof of insurance is not provided for the newborn within the 30 days after birth. Should the charge be made, and proof of insurance provided for date (s) of service, then account will be eligible for reimbursement after we obtain payment from the Insurance.

Print name of Responsible party _____

Signature of Responsible party _____

04/30/2021



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admin@mppediatrics.com

Hello, and welcome to our practice! We are very happy you have chosen to bring your children to see us. We see children from newborn through High School. Our goal is to provide the highest quality pediatric care for your child. Here are our office policies.

Choosing which provider to see:

There are two providers in our practice. We work together as a team. When you pick one of us to be your child's provider, you are able to see any of the two. When making an appointment for a well care/healthy check up, please let the receptionist know which provider you would like to see. When your child is sick, they will see the provider that is available. Please remember to bring your child's vaccine record, a photo ID and insurance/medical card to *every* visit. For a first visit the child must come with a parent or legal guardian. After the first visit you may send someone else with your child, but please ensure they know what is happening with the child. Teenagers may come alone. Please understand per Illinois State Law, children over the age of 12 may seek confidential treatment for mental health, STD and family planning services. Consent for treatment, including vaccinations due at a visit where you send another adult or your teen alone is implied. We screen all teens >15yo for certain STIs with a urine test per CDC guidelines. These results are confidential.

How to make an appointment for a healthy check up:

Healthy checks are also known as: physicals, school physicals, annual checkups, WIC appointments, vaccine appointments, routine follow ups, etc. Children need checkups at: 2 months old, 4 months old, 6 months old, 9 months old, 12 months old, 15 months old, 18 months old, 2yo, 30 months (2 and a half years) old, 3 years old, *and every year after that*. Every child needs a check up every year, even if the school does not ask for a physical form or they are not due for vaccines.

These appointments are made in advance (usually not available the same day). Please keep in mind that during certain times of the year, like the late summer, there may be a wait of several weeks for a checkup, so please call early.

Vaccines:

We are strong advocates of vaccination as the best way to prevent communicable illness. We follow the vaccine schedules as put forth by the Center for Disease control and endorsed by the American Academy of Pediatrics. We acknowledge that vaccines have risks and side effects, but because those are mostly benign and the risk of serious side effect is minimal, we feel that **ALL** vaccines should be given on schedule. If there is a vaccine that you have a concern about please discuss it with the doctor. If after your conversation with the doctor there is still a vaccine that you decline for your child, you will be asked to sign a vaccine refusal form. We will not vaccinate your child on an "alternative" or "spaced out" vaccine schedule. They are not supported by research or safety data. We do not accept patients who are unvaccinated based on personal objections/beliefs. Those patients who are not currently up to date on vaccine because of personal objections will have 30 days to decide to vaccinate, during which time they will be seen only for sick visits if needed. If the family decides not to vaccinate they will be dismissed from the practice at the end of the 30 days.

How to make an appointment when my child is sick:

Please call the office early in the morning; generally we are open by 8:00AM. Based on your child's symptoms, the receptionist will either give you an appointment for the same day, either in person or via telemed or take a message for the medical assistant or doctor to return your phone call. We do this because the medical assistant or doctor may be able to give you advice over the phone so you do not need to come in, or they may feel you need to be seen in the

emergency room. We do our best to call back between patients. Your call will be returned by the end of the day. If you feel you cannot wait for you call to be returned, please take your child to the emergency room

How to contact the doctors when the office is closed:

In case of an emergency after hours, you may call us 24 hours a day, at the same number you use to make an appointment. When the office is closed, you will be directed to the answering service.

Which Emergency Room can I go to:

In an emergency, anyone can go to any emergency room. However, if the situation is not life threatening, those with and HMO/Managed Care plans, should go to their respective. Our recommendation is that you go to an emergency room where there is a children's hospital, such as:

Advocate Christ Medical Center
Advocate Lutheran General
Loyola University Medical Center
Lurie Children's Hospital
Rush University Medical Center
University of Illinois Hospital
University of Chicago Hospital

If your child is seen in the emergency room, please let them know that we are your pediatricians and ask them to call us before you go home. Any time your child is seen in the emergency room they should have a follow up appointment with us within a few days.

Arriving Late:

If you are running late for an appointment, please call to let us know, so we can try to accommodate you. If you arrive more than 15 minutes late, you may be asked to reschedule your appointment, depending on how busy the office is. Please keep in mind, when we see one patient late, every patient behind them is seen late. There is a \$50.00 no show fee per patient for appointments not cancelled within 24 hours of your appointment. Please remember that the reminder call the day before your appointment is a courtesy.

Paperwork:

If you need a school physical, school/work note, WIC form, etc, please let the medical assistant know at the beginning of your visit. Any other paperwork requires a minimum of three to five business days to be completed. You will receive a phone call when your paperwork is complete so you can pick it up or it can be faxed. Copies of paperwork previously completed will incur a charge, as will non-medical letters (for IRS, immigration or legal purposes), as well as copied of medical records.

Payment:

We work with most Private Insurances including Blue Cross Blue Shield, United Healthcare, UMR, Aetna, Tricare, Humana, and Cigna. We are in the HMO plans for MacNeal Hospitals. We accept Illinois Medicaid Plans; Blue Cross Community, Meridian, Molina, Aetna, County Care, and All Kids.

All payment is due at the time of service, including copays. Insurance is not a guarantee of payment. We practice medicine based on our training, the medical evidence and best practice to best take care of your child. We do not practice based on an insurance company's fee schedule. Please see patient financial responsibilities letter for more details.

Newborns:

Please notify your insurance that your baby has been born. On your first visit with a newborn, MP Pediatrics will obtain credit or debit card information for responsible party. You will have thirty (30) days from date of birth in which you have to provide proof of insurance for the newborn. If proof of insurance is not provided within 30 days of birth, the credit/debit card will be charged for all service fee's including but not limited to hospital visit, 2 day checkup, 2 week checkup, 1 month checkup and any sick visits. If you become retroactive to first 30 days from date of birth, we will work to reimburse you.

Please let us know if you ever have any questions. We look forward to see you and your children for many years to come!
Dr. Perez and Kim Carbonara, APN,

4/30/21

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NOTICE OF PRIVACY PRACTICES As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF OUR PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

A. We are committed to your PRIVACY

MP Pediatrics S.C. is dedicated to maintaining the privacy of your child's individually identifiable health information (IIHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to him/her. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child's IIHI
- Your child's privacy rights in their IIHI
- Our obligations concerning the use and disclosure of your child's IIHI

The terms of this notice apply to all records containing your child's IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future

B. If you have any questions about this notice please contact our office at 773-284-6270

C. THE FOLLOWING IS HOW WE USE AND CAN DISCLOSE YOUR CHILD'S INFORMATION (IIHI).

- 1. Treatment.** Our practice may use your child's IIHI to treat your child. For example, we may disclose your child's IIHI as follows:
- 2. Payment.** Our practice may use and disclose your child's IIHI in order to bill and collect payment for the services and items provided by us for your child. For example, we may disclose your child's IIHI as follows:
- 3. Health Care Operations.** Our practice may use and disclose your child's IIHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations include, but are not limited to the following:

D. USE AND DISCLOSURE OF YOUR CHILD'S IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information to the extent such use or disclosure is required by law:

- 1. Public Health Risks.** Our practice may disclose your child's IIHI to public health authorities that are authorized by law to collect information for the purpose of:
- 2. Health Oversight Activities.** Our practice may disclose your child's IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your child's IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child's IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law Enforcement.** We may release IIHI if required by law to do so. For example:
- 5. Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. Our practice may use and disclose your child's IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's IIHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your child's privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the Protected Health Information (PHI) will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

7. Serious Threats to Health or Safety. Our practice may use and disclose your child's IIHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Workers' Compensation. Our practice may release your child's IIHI for workers' compensation and similar programs.

9. Compliance. We are required to disclose your child's IIHI to the Secretary of the Department of Health and Human Services or his designee upon request to investigate our compliance with HIPAA or to you upon request pursuant to section E.3. below.

E. YOUR RIGHTS REGARDING YOUR CHILD'S IIHI

You have the following rights regarding the IIHI that we maintain about your child:

1. Confidential Communications. You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask us not to contact you work. In order to request a type of confidential communication, you must make a written request to the Site Manager, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Site Manager in order to inspect and/or obtain a copy of your child's IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

3. Amendment. You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Office Manager. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

4. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

5. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's IIHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

If you feel your privacy has been violated under these terms a complaint may be made to the Illinois department of Public Health. Complaints can be filed by phone, mail or fax.

Phone

Central Complaint Registry Hotline - 800-252-4343

Monday-Friday 8:30 a.m. to 4:30 p.m.

TTY for the Hearing Impaired Only- 800-547-0466

Mail

Healthcare Facilities Complaint Form

Mail form to:

Illinois Department of Public Health

Office of Health Care Regulation

Central Complaint Registry

525 W. Jefferson St., Ground Floor

Springfield, IL 62761-0001

Fax Healthcare Facilities Complaint Form Fax form to: 217-524-8885

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PATIENT FINACIAL RESPONSIBILITY

As a patient, it is in your best interest and responsibility and to understand your insurance plan's benefits and your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. At MP PEDIATRICS our practitioners practice medicine based on their training, knowledge, and best practice to achieve the best outcomes possible for your child(ren). They do not practice based on your insurer's fee schedule. Healthcare insurance is not a guarantee of full coverage and you will have financial responsibility for any deductibles, co-insurance, or co-payment. You may have different deductibles, co-insurance, or co-payment amounts, depending on the contracted status. Your contract and benefits with your insurance changes annually, therefore the amount you pay may change as well.

MP PEDIATRICS expects payment of any co-pay or balances due at the time services are rendered. Any unpaid balance that is the responsibility of the patient, will be billed and are expected to be paid upon receipt. Should any billed balances remain unpaid MP PEDATRICS will require the balances be paid in full prior to the next scheduled visit. MP PEDIATRICS reserves the right to refuse to schedule any routine or follow up appointment where there is an unpaid balance.

Telemedicine appointments and phone calls with the providers are billed to insurance as allowed under the new guidelines set forth from the COVID-19 pandemic. They are subject to co-pay and co-insurnace.

Should you encounter what is thought to be an error in billing, please contact Jose at the office immediately to resolve. Insurance companies limit the amount of time allowed to process and correct bills. Any bills that go past timely, as determined by the insurer, will be the responsibility of the patient.

Please note that if your plan covers an annual wellness check, that appointment covers wellness topics and a review of any chronic conditions. Should any additional concerns be addressed during the wellness check or should any abnormalities be found, there may be an additional sick visit charge which is subject to standard co-pays as determined by your healthcare insurance plan.