



Dear Parent (s):

Thank you for arranging a developmental evaluation appointment for your child. In order for us to schedule your appointments, we require the enclosed forms to be filled out and mailed back to our office. **Please attach a copy of the front and back of your child's insurance card.** Timely return of this information will ensure prompt response from our office.

The initial evaluation for a preschool age or younger child typically requires two 60-minute visits, usually about one week apart. An older child may need two 60-minute visits for history, physical, and neurological examination, developmental assessment and academic screening; followed by a 30-minute parent feedback visit that the child does not attend. You may want to arrange all of these appointments when you're starting the evaluation process, in order to schedule and complete them in a timely manner. Once the initial consultation is complete, regular follow-up visits may be required. A first-time medication consultation appointment requires one 60-minute visit. A medication follow-up appointment is usually 20-30minutes and a developmental follow-up is 60 minutes. You can expect a written letter within 3 weeks from the visit.

If any assessments have been performed, please send copies of pertinent evaluations of IEP's in advance by mail, or bring copies with you to the initial visit. Please do not fax this information.

Once we schedule your appointment(s), **we will need a referral from your primary care physician in order to hold the appointment. Please provide us with the referral number prior to your visit.** *If your insurer does not cover this service, you will be responsible for the fee's we charge.* If your child requires on-line or telephone management of 15 minutes or more, a code for case management will be billed to your insurance. Sometimes, a co-pay and referral are associated with this code.

You will need the following information to obtain this referral:

Lori Gara-Matthews, MD
NPI #1790731362

or

Naomi Gershon, MD
NPI #1235541152

Please request 6 visits

Pediatric Health Care at Newton-Wellesley



Health Care for the Next Generation

We require credit card information *prior to all* developmental evaluations. Failure to provide this information will result in a dismissal of your appointment. If you need to cancel an appointment, please do so *24 hours prior* to the scheduled appointment time. Since one full hour has been allocated for these appointments, **you will be charged \$200 for missed appointments as well as cancellations without 24 hours' notice.**

Please try to hold non-urgent phone calls for medication, reports, etc. to Monday through Friday. Also, if your child is taking medication that requires a written prescription, please allow enough time for the prescription renewal to be written and sent to you before your medication runs out. If there is a medication side effect problem, someone is always available to assist you.

We look forward to working with you.

Sincerely,

Lori Gara-Matthews, MD
Naomi Gershon, MD

Developmental Pediatricians

Pediatric Health Care at Newton-Wellesley



Health Care for the Next Generation

Patient Information

Date: _____

Patient Name: _____

Sex: M/F (circle one) Patient DOB: ____/____/____

Race: _____ Ethnicity: _____ Language: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Guardian 1 Cell: _____ Guardian 2 Cell: _____

Email Address: _____

Parent Information

Guardian 1 Name: _____ DOB: ____/____/____

Guardian 1 Occupation: _____ Language: _____

Guardian 2 Name: _____ DOB: ____/____/____

Guardian 2 Occupation: _____ Language: _____

I authorize the release of medical information necessary to process claims for medical benefits. I authorize and direct payments to Pediatric Healthcare for services provided. If my insurance does not allow full coverage for services provided, I understand that I will receive a patient statement for the balance.

Signature of Patient (if over 18 years old) or Parent: _____

Print Name: _____ Date ____/____/____



PATIENT WAIVER

Due to the high cost of health care, many patients have elected insurance plans that have less expensive monthly premiums, but higher co-payments/ deductibles. A deductible is a set amount, anywhere from \$100 - \$10,000, agreed upon between your insurance carrier and yourself, requiring the subscriber (you) to pay all costs up to the agreed amount before insurance will provide coverage. Please call your insurance company directly for specifics regarding your insurance plan.

Please note, as part of your child's developmental assessment, our providers will furnish a written letter of findings based upon a synthesis of information gathered through patient history, testing and scoring provided in our office and previous assessments provided. These additional fees can cost anywhere from \$250~\$500 and may not be covered by your insurance. You will receive a bill and be financially responsible.

By signing below, I agree to assume full financial responsibility for any additional services provided to my child(ren) by Pediatric Health Care at Newton-Wellesley, P.C.. that my insurance plan may not cover.

Date: _____

Patient Name: _____ Patient DOB: _____

Parent Name: _____ Parent Signature: _____

Current Telephone Number: _____



Credit Card Information Sheet

Name of Child: _____

Date of Birth: _____

Master Card: _____

Visa Card: _____

Name on Card: _____

Number on Card: _____

Expiration Date: _____

I understand that I will be charged \$200.00 for my one-hour appointment if it is missed with a cancellation call at least 48 business hours prior

Signature: _____ Date: _____

Thank you!

Developmental Intake

Childs Name and DOB:

Childs insurance – is referral needed?

Childs PCP

What are your developmental and/or behavioral concerns

Are there teacher/school concerns?

Does the child have an IEP?

Any special accommodations or services being provided by the school?

Has school testing been done?

Has your child had prior assessments? If so, where?

Was there a neuropsych or IQ testing done?

Speech and language testing? PT? OT?

Does your child have a diagnosis?

Is your child currently on medication?