

New Patient Packet

Everything needed before a first visit, in one file: registration, consent to treat, and the financial policy.
One packet per child.

Also available one at a time. If you prefer, each of these is also available separately at bellevillelakepediatrics.com/policies-forms.
The records release and the privacy notice are there too.

WHAT IS IN THIS PACKET

- New patient registration. Your child, your family, insurance, pharmacy, and medical history.
- Consent to treat. Permission for routine pediatric care, who else may bring your child in, telehealth, and how confidentiality works for teenagers.
- Financial policy. What is due when, and how payment plans work.

You will also be asked to sign an acknowledgment that you received the Notice of Privacy Practices, and, if you are transferring from another practice, a records release so the old chart can be requested for you.

New Patient Packet, continued

Before your first visit. Please also bring an insurance card, a photo ID, and your child's immunization record if you have one. If you are transferring from another practice, sign the records release as well and I will request the chart for you.

CHILD

as it appears on the insurance card

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE

NAME YOUR CHILD GOES BY

DATE OF BIRTH

SEX ON INSURANCE

PRONOUNS, OPTIONAL

STREET ADDRESS

CITY

STATE

ZIP

SCHOOL OR DAYCARE

GRADE

RACE AND ETHNICITY, OPTIONAL

PARENTS AND GUARDIANS

PARENT OR GUARDIAN 1, FULL NAME

RELATIONSHIP TO CHILD

DATE OF BIRTH

MOBILE PHONE

OTHER PHONE

EMAIL

ADDRESS IF DIFFERENT FROM CHILD'S

PARENT OR GUARDIAN 2, FULL NAME

RELATIONSHIP TO CHILD

DATE OF BIRTH

MOBILE PHONE

OTHER PHONE

EMAIL

ADDRESS IF DIFFERENT FROM CHILD'S

CUSTODY OR COURT ORDERS I SHOULD KNOW ABOUT, AND WHO HAS AUTHORITY TO CONSENT TO CARE

New Patient Packet, continued

WHO MAY BRING YOUR CHILD IN, AND WHO I MAY TALK TO

List any adult who may bring your child to a visit and consent to routine care when you cannot be there: a grandparent, a nanny, a stepparent, a neighbor. You can add or remove people at any time by calling the office.

NAME	RELATIONSHIP	PHONE

NAME	RELATIONSHIP	PHONE

Emergency contacts, if I cannot reach you.

NAME	RELATIONSHIP	PHONE

NAME	RELATIONSHIP	PHONE

INSURANCE

If your child has no insurance right now, skip this section and tick the self-pay box.

☐ We are self-pay at the moment ☐ Coverage is pending or changing

PRIMARY INSURANCE CARRIER	MEMBER ID	GROUP NUMBER

POLICY HOLDER NAME	POLICY HOLDER DATE OF BIRTH	RELATIONSHIP TO CHILD

SECONDARY INSURANCE, IF ANY	MEMBER ID	GROUP NUMBER

MEDICAID OR MICHILD ID, IF APPLICABLE	PRIMARY CARE PROVIDER LISTED ON THE CARD

PHARMACY

PHARMACY NAME	STREET AND CITY	PHONE

WHERE YOUR CHILD WAS SEEN BEFORE

PREVIOUS PEDIATRICIAN OR CLINIC	CITY	PHONE OR FAX

DATE OF LAST WELL-CHILD VISIT	WHAT BRINGS YOU TO THIS PRACTICE, OPTIONAL

☐ Please request my child's records from the practice above. I have signed the records release.

New Patient Packet, continued

BIRTH AND EARLY HISTORY

newborns and young children especially

BIRTH WEIGHT

WEEKS GESTATION

HOSPITAL OF BIRTH

DELIVERY

--	--	--	--

Did your child spend time in the NICU or special care nursery?

☐ Yes

☐ No

Any jaundice needing treatment, feeding problems, or oxygen?

☐ Yes

☐ No

Did your child pass the newborn hearing and metabolic screens?

☐ Yes

☐ No

ANYTHING ABOUT THE PREGNANCY, DELIVERY OR NEWBORN PERIOD I SHOULD KNOW

--

MEDICAL HISTORY

ALLERGIES TO MEDICATIONS, FOODS, LATEX OR ANYTHING ELSE, AND WHAT HAPPENS

--

CURRENT MEDICATIONS, VITAMINS AND SUPPLEMENTS, WITH DOSES

--

HAS YOUR CHILD EVER BEEN DIAGNOSED WITH ANY OF THESE?

☐ Asthma or wheezing

☐ Eczema

☐ Seasonal allergies

☐ ADHD

☐ Anxiety or depression

☐ Autism spectrum

☐ Speech or language delay

☐ Learning difficulty

☐ Seizures

☐ Diabetes

☐ Heart condition

☐ Kidney or urinary

☐ Reflux or bowel problems

☐ Frequent headaches

☐ Hearing problem

☐ Vision problem

☐ Sleep problems

☐ None of these

SURGERIES, HOSPITAL STAYS OR EMERGENCY VISITS, WITH ROUGH DATES

--

SPECIALISTS OR THERAPISTS YOUR CHILD SEES

--

Are your child's immunizations up to date?

☐ Yes

☐ No

Are you able to bring a copy of the immunization record?

☐ Yes

☐ No

Do you have any concerns about development, learning or behavior?

☐ Yes

☐ No

Is there anything about home, school or safety you would like to discuss privately?

☐ Yes

☐ No

New Patient Packet, continued

FAMILY HISTORY

blood relatives only

- | | | |
|---|---|---|
| ☐ Asthma | ☐ Severe allergies | ☐ Diabetes |
| ☐ Early heart disease | ☐ High cholesterol | ☐ High blood pressure |
| ☐ Depression, anxiety, bipolar | ☐ ADHD | ☐ Seizures |
| ☐ Childhood cancer | ☐ Genetic or inherited condition | ☐ Sudden death before age 50 |
| ☐ Childhood hearing loss | ☐ Kidney disease | ☐ None known |

DETAILS, AND WHO IN THE FAMILY

HOW I SHOULD REACH YOU

PREFERRED WAY TO CONTACT YOU FOR ROUTINE MATTERS

- ☐ Phone call ☐ Text message ☐ Email ☐ Patient portal

Standard text and email are convenient but not fully secure. You can change your mind at any time.

- ☐ You may send appointment reminders and brief non-urgent messages by text
- ☐ You may send appointment reminders and brief non-urgent messages by email
- ☐ You may leave a detailed voicemail at the numbers above

SIGNATURE

Everything above is accurate to the best of my knowledge. I will tell the office when my address, phone number or insurance changes.

PARENT OR LEGAL GUARDIAN, PRINTED NAME

RELATIONSHIP TO PATIENT

DATE

Signature

sign here if you are printing this form

OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entered by	Date	Chart number	Insurance verified

New Patient Packet, continued

CHILD'S FULL NAME

DATE OF BIRTH

CONSENT FOR CARE

I authorize Abby Maidlow, MD and Belleville Lake Pediatrics to provide routine pediatric care for the child named above. Routine care includes physical examination, well-child and sick visits, immunizations recommended under the schedule this practice follows, in-office testing such as strep, flu, urine and hemoglobin, hearing and vision screening, developmental and behavioral screening questionnaires, minor in-office procedures such as wart treatment, ear-wax removal or splinter removal, and referral to specialists when needed.

For anything beyond routine care, Dr. Maidlow will explain what is proposed, why, and what the alternatives are, and will ask for your consent at that time.

In a medical emergency, I authorize the practice to provide care needed to stabilize my child and to call 911 or arrange transfer to a hospital, and to make reasonable efforts to reach me.

CARE WHEN SOMEONE ELSE BRINGS YOUR CHILD IN

Parents cannot always be there. The adults you listed on the registration form, and any you add later, may bring your child to a visit and consent to routine care on your behalf. You may still be called about anything significant.

STANDING AUTHORIZATION

- ☐ Yes, the adults I listed may consent to routine care ☐ No, call me for consent every time

TELEHEALTH

This practice offers telehealth visits for mental health care. A telehealth visit uses secure video. It has limits: your child cannot be examined, and technology can fail. If a visit needs to become an in-person visit, it will. Telehealth visits are billed the same way office visits are, and your coverage may differ.

- ☐ I consent to telehealth visits when appropriate ☐ I prefer in-person visits only

TEENS AND CONFIDENTIALITY

Michigan law lets an adolescent consent on their own to a small set of services, and keeps those records confidential from parents. The categories are testing and treatment for sexually transmitted infection and HIV, substance use treatment, pregnancy-related care, and, at age 14 and older, a limited course of outpatient mental health counseling.

In practice this means that starting somewhere around age 12, Dr. Maidlow will usually ask for a few minutes alone with your teen at each visit. That is not a sign anything is wrong. It is how teenagers learn to speak for themselves, and how a pediatrician hears about things they may not feel comfortable discussing in front of a parent. Anything that suggests your child is in danger will be shared with you.

- ☐ I understand how confidentiality for adolescents works at this practice

AI SCRIBE USE

Dr. Maidlow uses an AI note writer during appointments so that she can be more present with families. It listens during the visit and helps produce the visit note, which she reviews. Parents may consent to or decline its use at any appointment.

- ☐ I consent to the use of an AI note writer during visits ☐ I decline the use of an AI note writer

PHOTOGRAPHS IN THE MEDICAL RECORD

A photograph in the chart helps identify a patient correctly and is often the best way to follow a rash, a mole or a healing wound over time. These photographs stay in the medical record. They are never used for teaching, marketing or the website without a separate written authorization from you.

New Patient Packet, continued

☐ Yes, clinical photographs may be taken and kept in the chart ☐ No

ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY

I authorize the practice to release the information an insurer needs to process a claim, and I assign payment of medical benefits directly to the practice. I understand that I am responsible for any amount my insurance does not cover, and that the financial policy I signed separately explains how that works.

SIGNATURE

I have read this form, I have had the chance to ask questions, and I have the legal authority to consent to care for this child.

PARENT OR LEGAL GUARDIAN, PRINTED NAME

RELATIONSHIP TO PATIENT

DATE

Signature

sign here if you are printing this form

If the patient is 18 or older, the patient signs above and no relationship needs to be entered.

New Patient Packet, continued

INSURANCE

Bring your insurance card to every visit, and tell the office as soon as your coverage changes. Claims are filed for you. If a plan is not one this practice is contracted with, the visit is billed to you directly and you may submit the claim to your insurer yourself.

Your insurance contract is between you and your insurer. Knowing what your plan covers, what your deductible is, and whether this practice is in network is ultimately your responsibility, though the office will help you find out whenever it can.

While the practice is opening. Insurance contracts are still being finalized ahead of the January 4, 2027 opening. Call the office and you will be told exactly where things stand with your plan.

WHAT IS DUE AT THE VISIT

- Copays are due at the time of service. This is a requirement of the insurance contract, not a practice preference.
- Deductible and coinsurance amounts are billed after the insurer processes the claim, usually within a few weeks.
- Balances from earlier visits are due at the next visit unless you have a payment plan in place.
- Accepted payment methods: cash, check, all major credit and debit cards, and HSA or FSA cards.

WELL VISITS AND THE SICK PROBLEM THAT COMES UP DURING THEM

Preventive visits are covered in full by most plans. If a separate problem is addressed during a well visit, for example a new rash, an ear infection, or an ADHD medication adjustment, it may also be billed as a problem-oriented visit in addition to the preventive visit. That second charge may apply to your deductible or copay.

SELF-PAY FAMILIES

Self-pay families are welcome here. Prices are quoted before the visit, payment is due at the time of service, and a discount is available. Call the office and it will be talked through with you.

MISSED APPOINTMENTS AND LATE ARRIVALS

Please give at least 24 hours' notice to cancel or reschedule. A missed appointment or a cancellation made without that notice results in a written warning the first time, a \$25 fee the second time, and a \$50 fee every time after that. These fees are not billable to insurance.

Unexpected things happen, so call as early as you can. After three missed appointments or late cancellations, continued care with the practice may be reconsidered.

If you arrive more than 15 minutes late, the visit may need to be rescheduled so that the families booked after you are not left waiting. You will be provided with written warning the first time this happens, but if you arrive late 2 or more times, each late visit without notice will be charged a \$25 no show fee.

FORMS AND PAPERWORK

There is no fee for completing school, camp, sports or work permit forms for an established patient. Please allow three to five business days for forms dropped off separately from a visit.

New Patient Packet, continued

MEDICAL RECORDS

- Records sent to another physician for your child's care are sent at no charge.
- A copy of your child's record for yourself is provided at no charge in electronic form.
- Paper copies and requests from a third party such as an attorney, a disability program or a life insurer may be subject to a fee as permitted by Michigan law. You will be told about any applicable fee before the records are provided.
- Allow 10 business days for a routine request.

PAST-DUE BALANCES

Balances unpaid after 90 days, with no payment plan and no contact from you, may be referred to a collection agency.

PAYMENT PLANS

Please call. Payment plans are available for larger balances, and they are set up by a phone call, not an application. If you are worried about a bill, please contact the office rather than avoiding care. Dr. Maidlow would much rather work something out with you than have a child go unseen.

QUESTIONS ABOUT A BILL

Call (734) 488-8971 and ask for billing, or send a message through the patient portal. A person will look at the actual claim with you.

ACKNOWLEDGMENT

I have read and understood this financial policy. I accept responsibility for charges not covered by insurance, and I authorize the practice to release the information needed to process my claims.

CHILD'S FULL NAME

DATE OF BIRTH

RESPONSIBLE PARTY, PRINTED NAME

RELATIONSHIP TO PATIENT

DATE

Signature

sign here if you are printing this form