



 **BRONSON**  
 Rambling Road  
 Pediatrics

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Welcome to Bronson Rambling Road Pediatrics. Thank you for choosing us for your healthcare needs. Enclosed is our brochure outlining our guidelines. Also, there is paperwork for you to complete and bring with you to your appointment.

**Health History Form**

Please fill out the enclosed Health History form and bring it to your first appointment on \_\_\_\_\_.

It is important \_\_\_\_\_ have a complete record of your medical history to make informed decisions about your care and treatment options. If this is not complete when you arrive for your visit, you may need to reschedule your appointment.

**Consent for Release of Information**

You will also need to complete the enclosed authorization for release of information. You will need to mail it to your previous doctor as soon as possible. This will allow us to obtain your medical records for the provider to have available for your first visit.

**First Appointment Billing**

Our providers feel it is important for your health to have a complete physical exam on your first visit. Please be aware that many insurance companies do not cover routine or preventative services. This visit may be billed as a routine service and submitted to your insurance company as a routine service.

It is strongly recommended that you contact your insurance company prior to receiving these services to verify your insurance coverage. Please be aware if your insurance company does not pay for these services, you will be responsible for payment.

It is very important you bring your insurance card(s) to each visit so that we may submit a bill to your insurance company for you. Please be prepared to pay any copays or deductibles.

Oshtemo  
 5629 Stadium Drive  
 Kalamazoo, MI 49009  
 269.372.1000  
 269.372.0698 fax  
 bronsonhealth.com



### Additional Forms

- Registration Form
- Financial Policy
- Bronson Lakeview Medical Practices Authorization to Treat (if applicable)
- Parental Minor Consent Form (if applicable)
- Advance Directive
- HIPAA – Notice of Privacy Practices
- Diagnostic Use Authorization Form

### Testing

If you have an early morning appointment, you may wish to fast for 12 hours (nothing to eat or drink except water) before your appointment. This way, if your provider would like you to have fasting lab work done, you may do that while you are here and save yourself an extra trip. If you are not fasting or have a later morning or afternoon appointment, you can return to the lab for your blood work at another time.

An EKG may be performed during your visit, please do not use any body lotions or creams on the day of your appointment.

### Arrival Time

If you are unable to make your new patient appointment, please contact us at least 24 hours in advance. If you fail to inform us that you cannot keep your new patient appointment, then the providers at Bronson Rambling Road Pediatrics will not see you as a patient.

Please arrive 15 minutes before your scheduled appointment time to complete the registration process. Patients arriving late may need to be rescheduled.

If you have any questions, please feel free to contact our office at 269-372-1000.

We look forward to seeing you at your appointment.

Sincerely,

**Bronson Rambling Road Pediatrics Providers and Staff**

Oakhamo  
5629 Stadium Drive  
Kalamazoo, MI 49009  
269.372.1000  
269.372.0698 fax  
bronsonhealth.com

### Bronson Rambling Road Pediatrics

5629 Stadium Drive  
Kalamazoo, MI 49009  
(269) 372-1000 ♦ fax (269) 372-0698

2680 West Centre  
Portage, MI 49024  
(269) 324-2400 ♦ fax (269) 324-0450

#### PATIENT HISTORY

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Length: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Birth Head Circumference: \_\_\_\_\_

Discharge Weight: \_\_\_\_\_ Gestational Age: \_\_\_\_\_

Delivery Type: Vaginal C-Section 1 minute APGAR: \_\_\_\_\_ 5 minute APGAR: \_\_\_\_\_

Past Hospitalizations, Surgeries or Chronic Illnesses:

#### Medical History

Please check any of the following that are problems *for your child*:

- |                   |  |                            |  |                        |  |
|-------------------|--|----------------------------|--|------------------------|--|
| ADD/ADHD          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart Murmur               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pneumonia              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Allergies         | <input type="checkbox"/> Yes <input type="checkbox"/> No | HIV/AIDS                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Scoliosis              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Inflammatory Bowel Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizures               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cancer            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Jaundice                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sickle Cell Anemia     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes Mellitus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lead Poisoning             | <input type="checkbox"/> Yes <input type="checkbox"/> No | UTI                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eczema            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Meningitis                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Varicella (chickenpox) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Headaches         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Obesity                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vision Problems        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Loss      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Otitis Media               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |  |

Patient Medications (include over the counter/herbals):

Drug Allergies:  No Known Drug Allergies

Immunizations up to date?  Yes  No

Mother Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Day Care Setting: \_\_\_\_\_

Patient's Siblings: (Names and DOB)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

Additional Household Members:

Age of Home: \_\_\_\_\_

Smoke Alarms in Home:  Yes  No

Fluoride in Water Source:  Yes  No

Carbon Monoxide Detector in Home:  Yes  No

Family History:

Has anyone in the patient's family (or relative) had any of the following? If yes, please check box

	Mother	Father	Sister	Brother	Maternal Aunt	Maternal Uncle	Paternal Aunt	Paternal Uncle	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Arthritis												
Asthma												
Birth Defects												
Cancer												
Depression												
Diabetes												
Drug Abuse												
Early Death												
Hearting Loss												
Heart Disease												
High Cholesterol												
High Blood Pressure												
Kidney Disease												
Learning Disabilities/ADHD												
Mental Illness												
Miscarriage												
Stroke												
Vision Loss												
Alcohol Abuse												
Anxiety Disorder												
Fainting Spells												
Developmental Delay												
Allergies												
Anemia												
Autism												
Obesity												
Bleeding or Clotting Disorder												
Bowel Disorder												
Thyroid Disease												
Autoimmune Disease												
Migraines												
Seizures												

Are there any other disease/illness that runs in the family? \_\_\_\_\_



*Affix Patient Label*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Diagnostic Use Authorization**

Due to various insurance requirements, it is necessary for us to inform you of where your diagnostic test will be sent.

The tests may or may not be covered by your insurance plan. If you have any questions about your insurance coverage, please contact your insurance company prior to having these tests performed.

I acknowledge that all diagnostic specimens obtained in our office (ex: laboratory, pathology, cytology etc.) will be sent to Bronson Hospitals for processing. The fee to process such tests will be billed to your insurance separately from your office visit.

Patient Signature

Date



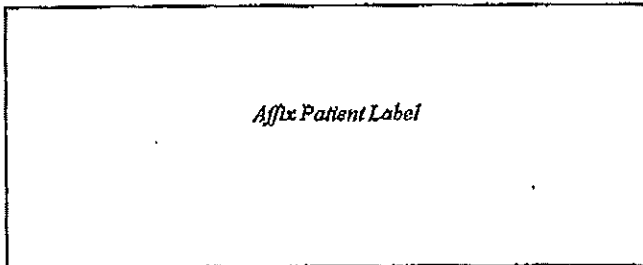
Affix Patient Label

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### I. 01 Bronson Physician Practices Financial Policy

We are committed to providing you with the best possible medical care. If you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with a variety of insurance plans. If you are a member of one of these plans, our business office will submit a claim for services. If you have insurance for which we are not a contracted provider, we will bill the insurance as a courtesy. You must assign benefits to the practice so that payment will come directly to the practice. It is your responsibility to:
  - Provide us with current insurance and billing information including your Social Security Number, and bring your insurance card to each visit.
  - Be prepared to pay your co-pay at each visit.
  - Pay any balance not covered by your insurance plan including co-pays and deductibles.
- Patients with outstanding balances will receive monthly statements. The statements will indicate what, if any, of the outstanding balance is patient responsibility and what is pending insurance payment. Payment of outstanding patient balances is expected within 30 days of receipt of statement. Patient balances over 90 days will be sent to a collection agency.
- You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending a text message or e-mail, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.
- Payment for professional services can be made with cash, check or credit card. You may be billed separately for lab, x-ray, pathology and other hospital services. A charge of \$25.00 will be assessed for all returned checks and patients will be expected to pay this charge by credit card, money order or in cash upon receipt of a statement.
- Specialist Authorizations: It is your responsibility to ensure that any required authorizations for treatment are provided to the practice prior to the visit. If you do not have the authorization, your visit may be rescheduled, or you may be financially responsible.
- Primary Care Authorizations: If your primary care physician is not a Bronson Medical Group physician, you are responsible for obtaining any required authorizations from your PCP or health plan for treatment prior to the visit. If you do not have the authorization, you may be financially responsible.



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- **Workers Compensation:** If your claim has been accepted and services approved, your claim will be handled directly with your Workers Compensation carrier and no charges will be incurred by you. Your recovery and return to work takes a partnership with you, your case manager and us. If your claim is denied, charges become your responsibility.
- If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parents, guardian or unaccompanied minor is responsible for any payment due at the time of service, bringing the necessary authorization and insurance card.
- Some services, such as preventive services, may not be a covered benefit under your insurance plan or under Medicare benefit guidelines. It is your responsibility to pay any balance not covered by your insurance plan.
- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card).
- We reserve the right to charge \$25.00 for a cancellation within 24 hours of your appointment or failure to appear at your scheduled appointment time.
- Your bill may be amended if errors in billing are found.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Questions about financial arrangements and available payment plans should be directed to the physician's office. We are here to help you.

**Assignment**

**I authorize release to any third party payor such as an insurance company or governmental agency any medical information contained in my records when such material is required in connection with determining a claim for payment, and hereby assign all payments for medical services for myself and/or dependent to Bronson. I agree to pay for any charges not covered by my insurance.**

Signature of Responsible Party

Patient's Date of Birth      Date

Revised 4/07, 4/09, 11/09, 04/10, 10/11, 4/15

9004284-E (2/15) Intranet  
Equivalent to 9004608-S

Bronson Physician Practices Financial Policy

Page 2 of 2

**Your Visit to BRONSON Rambling Road Pediatrics**  
**Answers to some of our patient's most common questions...**

**IMPORTANT IMMUNIZATION INFORMATION**

**Please verify with your immunization coverage with your insurance company.**

Immunizations are offered through the Vaccines for Children (VFC) Program for patients who do not have health insurance, are under-insured (insurance does not cover immunizations), are enrolled in Medicaid or are Native American or Alaskan Native. You must inform the front desk and the nurse if you would like to take advantage of this program **at the time of your visit**. Using the VFC Program provides a great savings to those who qualify.

***Please refer to the back page for vaccine-associated charges.***

***You must pay the \$23.00 per immunization before you leave your appointment or the immunizations will automatically be billed at the regular price.***

There is a recommendation that patients wait in the office for 30 minutes after receiving an immunization in the event of a reaction. If you have any additional questions, please feel free to discuss immunizations with your provider or a member of the clinical staff.

**HEARING AND VISION TESTS ARE CHARGED SEPARATELY FROM YOUR VISIT**

Hearing and vision testing may be conducted at any type of visit. Many patients have their hearing and vision tested during Well Child appointments. **These tests are charged separately from the visit.** Some insurances cover hearing and vision tests, while others do not. If your insurance does not cover hearing and vision, you may want to check with your local school or health department to see if they offer these services free of charge. It is important to have your vision screened regularly. If your child sees an eye specialist regularly, please ask to have the records sent to our office.

**SCREENING ASSESSMENTS ARE CHARGED SEPARATELY FROM YOUR VISIT**

Screening assessments may be utilized at any type of visit pertaining to a child's development, anxiety, depression or ADHD. **These screenings are charged separately from the visit.** Some insurances cover, while others do not. If your insurance does not cover, you will be responsible for the remaining amount.

**DIAGNOSTICS (LAB & X-RAY) BILLS SERVICES SEPARATELY FROM OUR OFFICE**

Diagnostics (Lab & X-Ray) next door is a part of Bronson Hospital. While we work closely with Diagnostics, you can expect your insurance to receive a separate bill for any services performed. Rambling Road Pediatrics routinely sends cultures to the Lab at Bronson Hospital (i.e. strep, urine) and a radiologist from the hospital will read x-rays. Your insurance will be billed separately for these services as well.

**TEEN PHYSICALS**

Teen physicals begin with questionnaires for both you and your teen, which address many issues that are of concern to both teenagers and their parents. The physician will talk to both you and your teenager, however we prefer to examine your son/daughter alone, both for privacy and for an opportunity for open discussion. Teen physicals do not routinely include gynecological services. If you or your teen desires gynecological services, please request this when scheduling your appointment.

***Our goal is to exceed our patient's expectations. We welcome your feedback!***



Age	Immunization	Charge	Administration Fee	Total amount billed	*VFC/Deputy Charge
2 months option 1	DTap	\$47.00	\$31.00		\$23.00
	HIB	\$32.00	\$17.00		\$23.00
	IPV	\$34.00	\$17.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Hep B	\$30.00	\$17.00		\$23.00
	Rotavirus	\$94.00	\$17.00		\$23.00
2 months option 2	Pentacel	\$101.00	\$31.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Hep B	\$30.00	\$17.00		\$23.00
	Rotavirus	\$94.00	\$17.00		\$23.00
4 months option 1	DTap	\$47.00	\$31.00		\$23.00
	HIB	\$32.00	\$17.00		\$23.00
	IPV	\$34.00	\$17.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Rotavirus	\$94.00	\$17.00		\$23.00
4 months option 2	Pentacel	\$101.00	\$31.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Rotavirus	\$94.00	\$17.00		\$23.00
6 months option 1	DTap	\$47.00	\$31.00		\$23.00
	HIB	\$32.00	\$17.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Rotavirus	\$94.00	\$17.00		\$23.00
6 months option 2	Pentacel	\$101.00	\$31.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Rotavirus	\$94.00	\$17.00		\$23.00
9 months	Hep B	\$30.00	\$31.00		\$23.00
	IPV	\$34.00	\$17.00		\$23.00
12 months	MMR	\$65.00	\$31.00		\$23.00
	Varicella	\$112.00	\$17.00		\$23.00
	Prevnar	\$145.00	\$17.00		\$23.00
	Hep A	\$50.00	\$17.00		\$23.00
18 months option 1	DTap	\$47.00	\$31.00		\$23.00
	HIB	\$32.00	\$17.00		\$23.00
	Hep A	\$50.00	\$17.00		\$23.00
18 months option 2	Pentacel (ON HOLD)	\$108.00	\$31.00		\$23.00
	Hep A	\$50.00	\$17.00		\$23.00
2 years	DTaP	\$47.00	\$31.00		\$23.00
	IPV	\$34.00	\$17.00		\$23.00
	MMR	\$65.00	\$17.00		\$23.00
	Varicella	\$112.00	\$17.00		\$23.00
11 years	Tdap	\$55.00	\$31.00		\$23.00
	Menactra	\$140.00	\$17.00		\$23.00
14 years	Menactra	\$140.00	\$31.00		\$23.00
	HPV (Gardasil)	\$177.00	\$31.00		\$23.00
Possible Boosters:	Hep A	\$50.00	\$31.00		\$23.00
	Varicella	\$112.00	\$31.00		\$23.00

\* Eligibility for VFC requires that you only pay the administration fee for each immunization.

## Patient and Provider Partners in Care

The Patient Centered Medical Home (PCMH) is a way of offering you the best possible health care. The goal of the PCMH is to create a health care setting that builds a partnership between you, your provider's team, and if desired, your family.

At Bronson Rambling Road Pediatrics, you will have an ongoing relationship with your doctor. Your doctor leads a team that takes responsibility for you. This team is in charge of all your health care needs. Or, when needed, arranges for care with another doctor.

### As your health care team we pledge to:

- Include you as a member of your health care team, treating you with respect, honesty and compassion.
- Encourage you to define your 'family'. This can include family, friends, and other support people. Work with you to decide how and when you want your 'family' included.
- Hold ourselves to the highest quality and safety standards. Exceed your expectations for your health care experience.
- Be responsive and timely with our care and information to you.
- Respect your time. Reduce and explain any delays.
- Help you to set goals for your health care and plan of care.
- Talk with you in words that are clear and understandable. Listen to you and answer your questions.
- Respect your right to see your own medical information.
- Respect your privacy and the privacy of your medical information.
- Give you information to help you make informed decisions about your care and treatment options. This includes risks and benefits of your care.
- Work with you and other team members who treat you.
- Maintain a clean, safe and quiet office.

### As a patient I pledge to:

- Be a responsible and active member of my health care team. I will treat you with respect, honesty and consideration.
- Tell you who is important to me and who I define as 'family'. Tell you how and when I want people in my 'family' to take part in my care.
- Be on time for my scheduled appointment. Limit disruptions and stay focused during my appointment.
- Help make decisions about my care.
- Ask questions when I do not understand and until I do understand.
- Give you all the information that you need to treat me.
  - Drugs I am taking
  - Other doctors I may see
- Learn all that I can about my condition and plan of care.
- Know that what I do affects my health.
- I will do my best to carry out our agreed upon plan of care. If I can't, I will tell you.
- Tell you if your office isn't clean, safe and quiet.



# Bronson Statement on Patient Rights and Responsibilities

Bronson respects the rights and human dignity of each patient. We are committed to making your experience at Bronson as positive as possible.

As a Bronson patient, you have the right to:

- information you can understand
- dignified, respectful, personal care
- reasonable response to your requests
- pain relief
- agree to or refuse treatment
- be told the risks of treatment
- be told what will happen if you refuse treatment
- personal privacy and confidentiality of your medical treatment and medical records
- be informed of any research or educational projects affecting your care or treatment

Ask staff for more information on patient rights and responsibilities. The information may also be found in Bronson's Patient & Family Guide, in framed documents at each entrance, and online at [bronsonhealth.com](http://bronsonhealth.com).

## Concerns about Patient Care and Safety

We want to hear your concerns. Please speak with your doctor or nurse. If you are not comfortable, the Patient Relations department can help. Call (269) 341-8959. The Ethics Committee also helps patients and their families with hard choices. Call the Bronson operator at (269) 341-7654 for this service.

If your concern is not resolved through Bronson, you may file a complaint via:

Michigan Department of Community Health  
Bureau of Health Systems  
Complaint Investigation Unit  
PO Box 30664  
Lansing, MI 48909  
(800) 882-6006  
[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

The Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
(800) 994-6610  
Fax: (630) 792-5636  
E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
[www.jointcommission.org/GeneralPublic/Complaint/](http://www.jointcommission.org/GeneralPublic/Complaint/)

Si usted desea leer los Derechos y Responsabilidades de los Pacientes en español, puede llamar al (269) 341-7654.

Bronson Center for Learning  
Title, Bronson Statement on Patient Rights and Responsibilities  
Revised 12/17/2009

