TLC Pediatrics Revere
280 Beach St
Revere, MA 02151
(P)781-289-5057
(F) 781-289-4485

TLC Pediatrics Everett
391 Broadway Ste 301
Everett, MA 02149
(P) 617-389-2121
(F) 617-389-4194

Patient Name(last,first):_____ DOB: _____

Legal Sex: Male ( ) Female ( ) *Social Security Number: _____-_____-_____*

Home Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Mobile: _____

Patient (13 and older) : Mobile:_____ Email:_____

Patient's Primary Care Provider:_____

Preferred Pharmacy:_____

Race: select one

African American/Black ( )
American Indian/Alaskan Native ( )
Asian ( )
Multiracial ( )
Native Hawaiian/Pacific Islander ( )
White ( )
Other ( )
Decline to Answer ( )

Ethnicity (select one) *Hispanic ( ) Non-Hispanic ( ) Decline to Answer ( )*

Preferred Spoken Language:_____ Written:_____

Impairments? Legally Blind ( ) Hearing Impaired ( )

Parent/Legal Guardian(s): Is the parent/guardian same as guarantor (responsible for bills) Y( ) N( )

1. *Name:_____ DOB:_____ Relationship:_____*
   Best Contact #: _____ Email:_____
2. *Name:_____ DOB:_____ Relationship: _____*
   Best Contact#_____ Email:_____

Guarantor:_____ DOB:_____ Contact#: _____

Address (if different from pt): _____

City: _____ State: _____ Zip: _____

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Primary Insurance Carrier: _____

Subscriber ID: _____ Group#: _____

Subscriber's Name: _____ DOB: _____ Relationship: _____

Address (if different from pt): _____

Secondary Insurance Carrier: _____

Subscriber ID: _____ Group #: _____

Subscriber's Name: _____ DOB: _____ Relationship: _____

Address (if different from pt): _____

Siblings

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Is/are there any person(s) the child cannot have contact with? Yes ( ) No ( )

Name: _____ Relationship: _____

Signature: _____ Printed Name: _____

Date: _____

How did you hear about us?

O website_____

O friends_____

O relatives_____

O other_____

TLC Pediatrics Revere *TLC Pediatrics Everett*

FINANCIAL POLICY & PATIENT RESPONSIBILTIES

Copayments are due at time of service regardless of who brings the child into the office, for your convenience we accept cash, personal checks, VISA, Mastercard and Discover. ***Please note there is a $25 fee for returned checks.***

Outstanding balances for unpaid copays, coinsurances and/or deductibles are due immediately upon receipt of statement, if you are having financial difficulties, please reach out to our billing department at 781-289-6581 to discuss options for payment plan to be created to resolve outstanding balance.

As a courtesy, we submit claims to your insurance company. However, any insurance payment not received within 60 days from date or service will become patient responsibility. It is essential that you enroll your newborn with your insurance carrier within 30 days of birth, most major insurance companies allow changes outside of open enrollment under the life changing event clause, but they only allow 30 days for this to be requested.

If your child will have Masshealth coverage, it is recommended you reach out to Masshealth immediately to add your newborn to your Masshealth case, you can contact Masshealth customer service at 800-841-2900. Subsequently, you will then need to enroll your child onto Wellsense Boston Childrens ACO plan.

We request that cancellations to appointments be made 24 hours in advance. We reserve the right to assess a cancellation fee for missed appointments or late cancellations.

Self-pay patients that are not actively covered by either commercial insurance or Masshealth must remit payment for services rendered at time of service.

There is a $15 fee for processing of medical records.

I have read, understand and accept TLC Pediatrics, P.C.'s financial policy. I authorize the release of patient's medical information to the insurance companies for the purpose of filing insurance claims.

Patient Name: _____ DOB: _____

Legal Guardian: _____ Relationship: _____

Patient's Name _____ Date of Birth _____

Medical Conditions: Current-

Past -

Allergies:

Current Medications:

Significant Newborn History:

Family History

Conditions	Dad	Mom	Siblings Sis	Siblings Bro	Maternal GM	Maternal GF	Maternal Uncle	Maternal Aunt	Paternal GM	Paternal GF	Paternal Uncle	Paternal Aunt	Comment
Allergies													
Anemia													
Anxiety													
Asthma													
Breast cancer													
Cancer													
Colitis													
Diabetes													
Eczema													
Food allergies													
Hearing loss													
Heart disease													
High cholesterol													
Hypertension													
Kidney disease													
Learning prob													
Seizures													
Substance use													
Thyroid dis.													

For Healthier Lives

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
VACCINES FOR CHILDREN PROGRAM (VFC)

Patient Eligibility Screening Form

For use in Federally Qualified Community Health Centers

Initial screening

Initial screening date _____ Child's date of birth _____

Child's full name _____

Parent, guardian or legal representative's full name _____

Health care provider's full name _____

Check only one box below:

This child is eligible for immunizations through the federal VFC program because he/she*:

- ☐ is enrolled in Medicaid (includes MassHealth and HMOs, etc., if enrolled in Medicaid)
- ☐ is underinsured (has health insurance that does not pay for vaccinations)
- ☐ does not have health insurance
- ☐ is American Indian (Native American) or Alaska Native

This child is not VFC-eligible because he/she:

- ☐ has health insurance (that covers all recommended childhood and adolescent vaccinations) and is not American Indian (Native American) or Alaska Native

This form must be completed for all children under 19 years old at their initial visit, updated every time a vaccine is given and kept in the child's medical record or on file in the office.

The form may be completed by the parent, guardian, or legal representative, or by the health care provider.

Verification of responses is <u>not</u> required.

*This form identifies which children are eligible for vaccines through the federal Vaccines for Children (VFC) program. If one of the first four boxes in the section above is checked, the child is VFC eligible.