Welcome to the Park!

Your family's guide to getting started at All Star Pediatrics

Hi there! We're so glad you're here. Caring for your child should feel like **a walk in the park**. At All Star Pediatrics, you'll find friendly faces and a calm, happy space. Our team will know you and your family by name. New baby or older child, we can't wait to meet you!

Our promise to you

"We aspire to give the type of care we would want for our own families: evidence-based, compassionate care in a timely manner and in an environment that fosters life-long relationships."

Getting Started: Your New Patient Checklist

One per family

1. **Family Registration**
2. **Consent & Acknowledgment.** Please sign this form. It allows us to treat your child.
3. **Credit Card on File.** A credit, debit, HSA, or FSA card must be on file for any balance due after insurance has processed your claim.
4. **Records —** Send your child's immunization (shot) records and the most recent well-visit note from your current pediatrician. We can't take records on CDs. Flash drives are fine.
5. **Insurance card and driver's license.** Please send a photo of the front and back sides of each.
6. **Vaccine Policy.** Please review our policy to understand vaccine expectations, and sign.

One per child

1. **Child Health History form.** Share your child's health, growth, and family history. Skip anything you're not sure about. We'll go over it at your first visit.

> All forms must be completed, signed, and emailed to **newpatient@aspeds.com** (our secure mailbox). Registration won't begin until all required forms and records have been received. We will then email you instructions on how to schedule your first appointment.

Your Care Team

Our doctors are board-certified by the American Board of Pediatrics (Dr. Dupont is board-eligible, with her board results expected in the next few months) and members of the American Academy of Pediatrics.

We are affiliate staff at **UChicago Medicine AdventHealth Hinsdale** and **Lurie Children's Hospital**.

Laura M. Laskonis, D.O.	Caring for children since 1997. University of Illinois; Chicago College of Osteopathic Medicine. Residency at Rush-Presbyterian-St. Luke's.
Melanie C. Lachman, M.D.	With us since 2008. University of Illinois; University of Debrecen. Residency at the University of Illinois at Chicago.
Jessica M. Wyka, M.D.	Joined in 2021. Loyola University Chicago; Georgetown University School of Medicine. Residency at Rush (chief resident).
Jessica Starck, M.D.	Joined in 2023. Northwestern University; University of Illinois at Chicago College of Medicine. Residency at Rush Children's Hospital. Pediatric emergency medicine fellowship at Lurie Children's.
Matthew Root, M.D.	Joined in 2023. University of Minnesota (college and medical school). Residency at Vanderbilt.
Marissa Dupont, D.O.	Joined in August 2026. Grew up right here in LaGrange. University of Illinois; Midwestern University Chicago College of Osteopathic Medicine. Residency at University of Illinois Health.
Katelyn Bentel, LCSW **Our therapist**	Joined in May 2026. Grew up in Aurora. Helps children and families with autism, ADHD, and anxiety. She also helps with parent–child relationships and medical complexity. B.S. in Health & Human Physiology (University of Iowa). Master's in social work (Aurora University).

When We're Open

Monday – Thursday	8:00 am – 11:30 am and 1:00 pm – 7:00 pm
Friday	8:00 am – 11:30 am and 1:00 pm – 4:30 pm
Saturday	8:00 am – 11:30 am
Sunday	Closed

- You can reach us by phone from **7:30 am to 4:30 pm**. During lunch (**11:45 am to 1:00 pm**), phones are off, but you can leave a voicemail.
- We see patients **by appointment only** (no walk-ins).

Expecting a Baby?

Congratulations! You can book a free **Meet the Docs** visit before your baby comes. After your baby is born, call us to book the first visit. That visit should be about 2 days after you leave the hospital. Call your insurance within 30 days of birth to add your baby.

Well Visits: Growing Up With Us

Yearly physicals matter.

We believe every child should have a physical (well visit) every year. It's our chance to check growth and development, keep vaccines up to date, and talk about anything on your mind. That's why we require a yearly physical for each child in our practice.

All our physicians have day and evening schedules. We see children from infancy until they go to college.

Sick Visits

- We pride ourselves on having same-day availability for sick visits. Call as early as 7:30 am to schedule.
- After hours, call 708-352-4448. Emergent calls will be returned by the physician on call within 30 minutes. If you haven't heard from us in 30 minutes, please call again.
- For things that can wait, leave a voicemail or send a portal message. We'll get back to you when the office is open.
- **For an emergency, call 911.** If you need the hospital but it isn't a 911 emergency, call us first.

We can't wait to meet you!

The All Star team

All Star Pediatrics · 6410 Joliet Road, Countryside, IL
Phone 708-352-4448 · Fax 708-352-1052 · aspeds.com

Family Registration

One form for your whole family. If anything changes, just tell us.

Parent, Step-Parent, or Guardian 1

First name | Last name | Date of birth

Relationship to child | Cell phone | Other phone | Preferred language

Email | Employer (optional)

Street address | City | State | ZIP

Parent, Step-Parent, or Guardian 2 (if any)

First name | Last name | Date of birth

Relationship to child | Cell phone | Other phone | Preferred language

Email | Employer (optional)

Street address ☐ Same as parent 1 | City | State | ZIP

Custody and legal papers

In Illinois, both parents can make health choices for their child. Both can also have access to their child's medical records. If a court order is in place, please provide a copy.

Do you have a custody or parenting order, order of protection, or guardianship? ☐ No ☐ Yes, I'll send a copy

Your children

Child's full legal name	Goes by	Date of birth	Sex	Lives with

Helpful contacts

Emergency contact (not a parent above) | Relationship | Phone

Pharmacy | Location / cross streets | Phone

Last pediatrician or clinic | City | Phone

Insurance

Please send or bring a photo of the **front and back** of each insurance card. We don't need your Social Security number.

Two insurance plans? Please provide both before your first visit. Your child's main (primary) plan is from the parent whose birthday comes first in the year, by month and day. Example: March comes before July. **Wrong order can mean denied claims and a bill for you.** Questions? Call our billing team. We're happy to help.

Primary plan (insurance company) | Member ID | Group #

Policy holder name | Policy holder date of birth | Relationship to child

Secondary plan (if any) | Member ID | Group #

Policy holder name | Policy holder date of birth | Relationship to child

☐ **No insurance, or not using it (self-pay).** We'll give you a Good Faith Estimate of costs before your visit.

About your family (optional)

Many insurance plans ask us to report race, ethnicity, and language. This helps improve care for everyone. It's optional. It never changes your child's care. If your children differ, note it by their name above.

Race (check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White
☐ Another race ☐ Prefer not to answer

Hispanic or Latino? ☐ Yes ☐ No ☐ Prefer not to answer

How should we reach you?

Reminders by: ☐ Text ☐ Email **Free medical interpreter at visits?** ☐ No ☐ Yes, language: _____

Calls, texts, and email. I agree that All Star Pediatrics and its associates may call, text, or email me at the contacts provided with reminders, recalls, test results, billing, and office news. Some calls and texts may be automated or prerecorded. Message and data rates may apply. I can stop at any time. I can reply STOP, call, or tell the front desk. Text and email may not be fully secure. I'll keep health details short. I'll use the Patient Portal for private messages.

Portal, email, and text agreement. Using them is my choice. I can always call instead. They are for **non-urgent** issues only. The office replies within 2 business days. If I haven't heard back, or my child seems worse, I'll call. **In an emergency, I'll call 911.** Sensitive topics are best handled by phone or at a visit. Messages become part of my child's record.

Parent/guardian initials (I agree to the above) | Completed by (print name) | Date

How did you find us?

How did you hear about us?

☐ Family member ☐ Friend ☐ Social media
☐ Google/internet search ☐ OB/doctor: _____ ☐ Other: _____

What drew you to our practice? Check all that apply.

☐ Our doctors ☐ Office location ☐ Mental health services
☐ Evening and Saturday hours ☐ In-house lactation consultant ☐ Other: _____

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Consent & Acknowledgment

One signature page for your whole family. Thank you for trusting us with your children's care.

Family / account name

Children covered by this form

1 Consent for care

You are the parent or legal guardian of the children named above. You agree to let the doctors and staff provide routine care. We will always explain any exams, screenings, lab tests, etc. we recommend. You can ask questions or say no to anything. Some procedures need a separate written consent. This consent lasts until you cancel it in writing.

AI-assisted documentation: With your permission, we may use an AI scribe. It captures and processes the visit audio to help draft your child's note. Your clinician reviews the note before it's final. We'll ask at each visit and write down your answer. You can say no, or ask us to stop. It won't affect your care.

2 Other adults who may bring your child

Both parents can bring your child and agree to care, unless a court order says otherwise (please send us a copy). When you can't be there the adults listed below may bring the child. They may agree to care for illness, injuries, and well visits. They must bring a photo ID. You can change this list at any time in writing.

Name	Relationship	Phone

3 Teen privacy

As children grow, we help them learn to manage their own health. Starting around age 12, the doctors will start spending some time alone with your teen. Illinois law lets teens agree to some care on their own, like sexual health, substance use, and some counseling. That care stays private, unless someone's safety is at risk. You may still learn of some care through insurance statements. Your access to the Patient Portal may change at this age.

4 Privacy notice

You received, or were offered, our **Notice of Privacy Practices**. It explains how we use and share your family's health information, and your rights. ☐ Paper copy, please.

5 Insurance and payment

You ask your insurance plan to pay us directly. You let us share what's needed for your claims. You're responsible for what insurance doesn't pay. This includes copays, deductibles, coinsurance, and non-covered services. You'll keep a card on file for your family's share (see Credit Card on File form).

6 Family Handbook

You received our **Family Handbook** and agree to its policies. They cover appointments and missed visits. Missed-visit fees: $100 for a well visit or an ADHD, mood, or chronic-illness follow-up. $50 for a sick visit. They also cover insurance and billing, vaccine policy, the Patient Portal, recording, records, and ending care. You agree to follow our **Code of Conduct**.

Yearly physical

Initials: _____ **I understand All Star requires a yearly physical (well visit) for each child, and that missing them may lead to ending care.**

By signing, I agree to everything on this page.

Parent or guardian signature

Date

Printed name

Relationship to child(ren)

Staff witness (office use)

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Credit Card on File Authorization

One per family. A simple way to pay your share after insurance. No checks or stamps.

We require a card on file. It can be a credit, debit, HSA, or FSA card. It makes billing and payment smooth and easy for families. It helps balances get paid on time, with fewer bills in the mail. Checkout is quick, so you can get your little one home sooner. We only charge your share (copays, deductibles, or coinsurance) **after insurance processes the claim** and your balance is set. We'll send a receipt after each payment. Questions or concerns? Please talk with our front desk.

How it works

- Your card number is stored securely in our electronic medical record (EMR) system.
- After insurance processes a visit and your share is set, we charge your card for that amount. We don't send a separate notice before the charge. We'll email or text you a receipt after each payment.
- We only send a statement if a self-pay balance is still open. The Patient Portal shows your current balance, and you can see past payments there. If something looks wrong, call our billing team. We'll look into it and fix any mistake.

Card details

Patient 1 name _____ Date of birth _____ Patient 2 name _____ Date of birth _____

Patient 3 name _____ Date of birth _____ Patient 4 name _____ Date of birth _____

Card type: ☐ Visa ☐ Mastercard ☐ Discover ☐ HSA / FSA card

Cardholder name _____ Card number _____ Expiration (MM/YY) _____ Billing ZIP _____

Family / account name _____ Phone _____ Email for receipts _____

Authorization terms

You authorize All Star Pediatrics, PC to keep your payment information securely on file. You also authorize us to charge your card on file for:

- Any balance your insurance says you owe after it processes your claims. This includes copays, coinsurance, deductibles, and non-covered services.
- Any other unpaid balance for services we provided.

You understand that:

- We'll only charge balances determined by your insurance company, or self-pay balances.
- You'll get a receipt after each payment.
- You must tell us about any changes to your payment information, like a new expiration date or a new card.
- If a payment is declined, you still owe all unpaid balances. We'll contact you to set up payment.

Your balance comes from the explanation of benefits (EOB) your insurance company sends. It shows what insurance paid and what you owe.

This authorization stays in place while your family is a patient here. It ends if your account is closed or you're discharged from the practice. You are the cardholder, or you have the cardholder's permission.

By signing, I agree to everything on this page.

Cardholder signature _____ Date _____

Printed name _____ Relationship to patient(s) _____

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Our Vaccine Policy

We follow the recommendations of the American Academy of Pediatrics (AAP). We firmly believe vaccines prevent serious illness and save lives. So we **require** our patients to get the vaccines the State of Illinois requires. These include DTaP, IPV, Hib, PCV, Hep B, MMR, Varivax, MCV, and Tdap.

Recommended vaccines

Our routine schedule also includes vaccines we recommend that the state doesn't require. These include rotavirus, RSV, Hep A, HPV, Men B, flu, and COVID. You can find our schedule on our website.

Alternative schedules

If you choose an alternative schedule, it must be written, signed, and agreed upon with the doctor in a contract. Each “shot only” visit has an additional $25.00 administrative fee. It's due at the time of the visit. If you keep canceling or rescheduling vaccine visits, we may discharge you from the practice.

Requirements

- Baby vaccines must start by **6 months** of age and be finished by **24 months** to follow our policy.
- Kindergarten vaccines must be completed by **age 6**, as required to start kindergarten.
- 6th-grade required vaccines must be completed by **age 12**.

If this policy isn't right for your family, we understand and can help you find a better fit.

Acknowledgment of Policy (not a vaccine consent)

By signing, I confirm I received and read the All Star Pediatrics Vaccine Policy and intend to follow it. This is **NOT consent to give any vaccine**. Vaccines are given only after we review them with you and you agree at the visit.

Parent's signature _____ Date _____

Printed name _____

Child(ren)'s names and dates of birth _____