



Welcome to Aquidneck Pediatrics, LLC. We are honored that you have chosen us as your health care provider. Our goal is to provide the highest quality care for all of our patients in a timely and respectful manner. As a Patient Centered Medical Home, we very much look forward to working with you to optimize your health and coordinate all your medical needs.

Your first appointment is scheduled for:

Date: _____

Time: _____

Location: _____

Provider: _____

You will need to bring your insurance card and a photo ID with you for each appointment. Please let our staff know if you have had any information changes since your last appointment. If you are unable to provide us with your insurance card, your appointment may need to be rescheduled. All co-pays and any past due balances are expected at time of service, unless a prior agreement has been made with our billing department. All co-pays and past due balances are expected at time of service, unless a prior agreement has been made with our billing department.

We ask that you allow plenty of time to get to the office for your appointment. You may be asked to reschedule your appointment if you are more than 20 minutes late. Our office policy for a missed appointment is:

- If it is an appointment for a new patient, the appointment will not be rescheduled until you have an intake appointment with our business office staff;
- Two (2) no-show appointments for your initial visit will result in dismissal from the practice.
- Four (4) no-show appointments may result in dismissal from the practice

We understand that appointments sometimes need to be changed, so we ask that you call at least 24 hours in advance if you cannot keep your scheduled appointment. Please bring all of your prescription and over-the-counter medications with you at each visit. Refill requests should be made timely and be directed to the Pharmacy. We require 48 hours to fill a prescription.

In preparation for your first visit with your new care provider, **please review and complete the following forms:** Patient Registration, HIPAA, Personal Medical History.

We ask that you **bring these completed forms to the above location at least one week prior to your first visit.** This allows you to familiarize yourself with our location and parking. It also allows us to input your information prior to your first visit, speeding your access to care. You will be asked to fill out new registration forms annually.

Additionally, please find enclosed the following three forms: Consent to Release Patient Information (allowing us to access records from previous providers), Notice of Privacy Practices and a No-Show Policy.

Prior to your first visit establishing care with your new Primary Care Physician, your medical needs may still be met by your previous provider, a walk-in clinic or the emergency room.

Welcome to our practice and thank you for choosing Aquidneck Pediatrics for your health care needs.