

Welcome to our Office

Thank you for entrusting **Froberg Pediatric Center** with your child(rens) health care needs. To help ensure the highest quality of service and care to our patients, we have several office policies and procedures in place.

Appointments

- Please arrive 15 minutes prior to your scheduled appointment time and **bring the following items:**
 - **Proof of insurance:** You will be required to provide a valid insurance card. Insurance is a contract between you and your insurance carrier. This contract determines the co-pay (if any) and what services and procedures are covered by your insurance. Please check with your insurance company annually to ensure they cover vaccinations. **You are ultimately responsible for fees for services not covered by your insurance carrier.**
 - **Proof of identification:** You will be required to provide a driver's license or other photo ID. If you do not have a photo ID, you will be asked to provide a utility bill or other correspondence showing your current residence.
 - **Alternate Person:** If you are having someone else present your child for treatment or if your minor child (less than 18 years old) is presenting themselves for treatment we must have a note consenting treatment signed by you or a current signed copy of Consent in the child's chart.
- We make every effort to be on time for our patients and we ask that you extend the same courtesy to us. If you are more than 15 minutes late for your scheduled appointment we will make every effort to see you that day; however, you may be asked to reschedule.
- We remind you of scheduled appointments via reminder postcards and via automated phone reminders.
- We request a 24 hour cancellation notice to allow us enough time to ensure another patient can be scheduled.

Appointment Cancellations/No Shows

In order to provide the best possible service to all of our patients, we have initiated the following missed appointment policy.

- One missed appointment will result in the parent/guardian receiving a missed appointment policy letter.
- Two missed appointments in a one year period will result in the parent/guardian having to call our office to confirm well visit or recheck appointments at least 24 hours in advance of the appointment. If the confirmation call is not received, then that appointment time will be made available to other patients.
- Three missed appointments in a one year period will result in an invitation to seek medical services elsewhere.

Payment

- Co-payment is expected at the time of service. Our office accepts VISA, MasterCard, Personal Check or Cash.
- If you need to set up a monthly payment plan in order to pay for services not covered by your insurance plan, please contact our Office Manager.

Emergencies

Our doctors may be reached after hours through our answering services (765-447-6936).

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date

Patient/Parent/Guardian Copy

Linda K. Froberg M.D.
Anna L. Wildermuth M.D.
Ann Oliver, M.D.
Lara Boggess, M.D.

324 N. 25th St.
Lafayette, IN 47904
Phone-765-447-6936
Fax-765-447-2536

PEDIATRIC HISTORY FORM

Child's Name _____ DOB _____

Composition of Family Unit:

Mother's Name _____

Job Description _____

Father's Name _____

Job Description _____

Others Living in Home _____

Family History:

Diabetes _____	Heart Disease _____	Thyroid _____
TB _____	Kidney Disease _____	Cholesterol _____
Asthma _____	Liver Disease _____	Deafness _____
Cancer _____	Allergies _____	Glaucoma _____
Abuse Problems _____	Mental Illness _____	Others _____

Home Environment:

Guns _____	Water (well or city) _____
Smoke Detectors _____	Carbon Monoxide Detector _____
Smokers _____	Pets _____
Home (age/type) _____	Heat _____
Car Seats _____	Airbags _____

Date _____

By _____



Patient Vaccines for Children and State Funded Vaccines Eligibility Screening Record

Linda K. Froberg, M.D.
Anna L. Wildermuth, M. D.
Ann Oliver, M.D.
Lara Boggess, M.D.

324 North 25th Street
Lafayette, IN 47904
(765) 447-6936

Our office is participating in the Vaccines for Children (VFC) program and the State Funded Vaccine program. This means that some vaccines are available for free for some children.
Therefore, it is imperative that you know your insurance coverage and if immunizations are covered under your policy.

If your child has insurance that does not cover immunizations, and your child meets the following criteria, they are eligible to receive State Funded Vaccines (SFV). This means that SFV are available for free. There is an administrative charge of \$13.00 per shot.

1. Less than 19 years of age.
2. Receiving any of the vaccines available through the VFC program.

If your child has Medicaid Package A or Package C they are eligible for vaccines provided through the VFC program. Medicaid will pay the administrative charge.

If your child is of American Indian or Native Alaskan descent, or your child does not have insurance, then the vaccine is free but there is a \$13.00 administrative fee for each shot. If you cannot afford the \$13 administration fee it will be waived.

If you wish, you can also obtain immunizations through the Health Department. Please call them regarding associated charges, dates and times.

Patient Vaccines for Children and State Funded Vaccines Eligibility Screening Record

Linda K. Froberg, M.D.
 Anna L. Wildermuth, M. D.
 Ann Oliver, M.D.

324 North 25th Street
 Lafayette, IN 47904
 (765) 447-6936

Patient: _____ **Birth Date:** _____

Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

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My child (please check all that apply)

_____ has health insurance that covers the cost of vaccines

_____ has health insurance that does not pay for immunizations

_____ is enrolled in Medicaid. Package A or Package C (Please circle one)

_____ is American Indian or Alaskan Native

_____ does not have health insurance

Parent is able to pay administrative fee YES NO

If parent is unable to pay administrative fee, \$_____ Amount parent is able to pay

_____ date _____ date _____ date _____ date _____ date

_____ initial _____ initial _____ initial _____ initial _____ initial