



TLC PEDIATRICS L.L.C. and ASSOCIATES
4357 NORTHVIEW DRIVE
BOWIE, MD 20716

Welcome,

We would like to take the time to personally welcome your family to our practice. We offer state of the art care in an intimate family setting. Specializing in children from birth to 21 years of age.

Our office is open Monday through Friday from 8:45 a.m. to 5:00 p.m. Children are seen by scheduled appointments only, though we do offer same day appointments for urgent needs. If you need to reach the physician after hours, after hours care is offered through Anne Arundel Medical Center Telephone Triage Service. You can reach this service by dialing (443)481-3185, after hours, weekends and holidays. We use Anne Arundel Medical Center and Right Time Medical Care for urgent care that is needed after hours.

We want you and your child to be as comfortable as possible at each visit. One way we can do this is by minimizing surprises. Here is a brief description of a typical appointment so you can prepare yourself and your child for the visit.

We require that all of our patients be accompanied by parent or legal guardian to every appointment. In the event a parent or legal guardian is not able to accompany the child we will accept a written note with your signature allowing a friend or family member to authorize care for your child. All patients under the age of 16 years must be accompanied by an adult in order to be seen.

Arrival- Upon your arrival we will ask for your insurance card to verify your coverage (for returning patients please remember to update demographic or contact information that may have changed). New families please be prepared to complete our registration packet. Please note: All co-pays, deductibles and/or balances will be collected at the time of service.

Getting Started- After you and your child are called back to our triage room by one of our assistants, vital signs and/or necessary labs will be obtained.

Physicals- Depending on the age of your child, in addition to height and weight, we will evaluate hearing and vision and take a blood pressure reading. During the appointment your child will need to remove clothing down to underwear so that we may perform a thorough exam. If your child is particularly self-conscious we are happy to provide a gown. For older children and teenagers, a gown will be provided. For patients 16 years and older, your physician will be alone with your child in order to give them an opportunity to discuss any issues in confidence.

Shots- The most common question we get is whether there will be any shots at a particular check up. Due to the extensive and complicated vaccine schedule these days, our reception staff may not be able to provide you with accurate information. Therefore, we suggest that you prepare your child for the possibility of shots for every check-up.

Urgent and follow-up visits- Depending on the problem, your child may be asked to put on a gown. We understand that putting on a gown can be stressful for many kids but sometimes it is required. This can often be avoided by dressing your child in only one layer of loose fitting clothing such as shorts or sweats.

Questions- You will be given sufficient time to ask any questions you may have. Take a few moments before the appointment to gather your thoughts and develop your questions for the doctor. We suggest you write down your questions so you don't forget them.

Again, we thank you for expressing interest in selecting TLC Pediatrics to care for your child.

We look forward to seeing you soon!

Sincerely,

The Providers and Staff of TLC Pediatrics

TLC Pediatrics Practice Policies and Procedures

Thank you for choosing TLC Pediatrics LLC for your child's primary needs. Below please find a detailed description of our policies and procedures to help you navigate your visit and your family's primary care experience. You can reach our office at (301)352-6515.

Appointment Types

***Annual Well- Exam/ Physical**

We encourage all parents /guardians to schedule a complete annual exam at a time when they're child is physically well. The primary goal of the annual well (physical) is to focus on preventive health care and to discuss measures to ensure your child's continued wellness. If your child is sick or have health problems please wait to schedule their physical. We may ask you to schedule a follow-up visit at a later date to discuss abnormal results of test ordered during the exam. We will address these issues during a separate office visit so we have the time to focus on each individual problem. If other issues arise during your child's physical, you will be responsible for any co-pays or deductibles at the time of checkout. Please note: Most insurance plans offer only one annual exam yearly (child must be seen the date after last well exam or after). In the case that you would like your child seen before the annual date a fee (see billing department for details) will be collected at check in and submitted to your insurance plan for payment. After payment from insurance plan, we will reimburse you your owed amount from our office (allow up to two months for the claims to process).

***Follow-Up Visit**

A follow-up visit is intended for managing chronic conditions and discussion of abnormal test results. We recommend regular medical care for the management of chronic conditions such as, but are not limited to, asthma, allergies, diabetes, high cholesterol, obesity, ADHD and etc.... Generally, these conditions require careful monitoring and follow-up visits every 3-4 months. We will use these visits to assess your child's progress, order and evaluate any test, and change or refill your medication. Please note: care for chronic medical conditions should be addressed outside of the annual physical. Also, refill request will not be honored if the child has not been seen.

***Urgent/ Sick Visit**

An urgent visit is for an acute or new concern. During these visits, we will fully address your child's acute problem, order necessary test, and establish a treatment plan. We may ask that you schedule a follow-up visit at a later date to be sure your child has fully recovered and/or to discuss any test results.

***Nurse Visit**

A nurse visit is for immunization only, weight checks, tuberculin skin test placement and readings or pku screening. You will not be seeing the providers at this appointment. If you have a question or concern regarding your child please make the front desk staff aware prior to your appointment, so that we can ensure the schedule has flexibility to schedule your child for a urgent/ sick visit.

***Check-In Process**

A co-pay is the amount of money that is paid to our office by insurer as agreed upon by your insurance. We are unable to waive this payment, as it violates the contract we signed with your insurance company and is solely the patient's responsibility. Your co-pay is due for any visit in which you see a physician or physician assistant. A deductible is a specific amount charged to the patient by their insurance company. This amount must be paid before the insurance company will pay a claim. It is TLC policy to collect any co-payments, co-insurances and/or deductibles at the time of each visit. **(Newborns)** If you have just delivered a newborn don't forget to add your new addition to your insurance policy. Some insurance plans do offer newborn coverage for the first 30-60 days of life. However, we do not abide by those plan benefits. TLC Pediatrics will collect a fee of \$200 for all newborns that are not showing on the policy by the first visit.

We accept cash and all major credit cards. All balances are due in full prior to being seen by the providers. If you are unable to pay your balance in full, please contact our office prior to your child's appointment. If a

balance is unpaid after 180 days you may be asked to reschedule your appointment to a later date – and your account may be at risk of being sent to a collections agency.

We encourage you to familiarize yourself with your insurance benefits before your child's appointment. If you are not sure how to obtain this information please take advantage of TLC's insurance benefit service by calling (301) 352-6515 this service is available Thursdays (9am- 12 pm).

Tardiness and Missed Appointments

We expect our parents to take responsibility for their child's appointments. We encourage all parents to register for the patient portal. One of the perks to the patient portal is you will get email reminder notifications five days and the day before your child's appointment. For a 15min grace period to apply to your child's appointment the office must be notified. If the office has not been notified please expect to reschedule your child's appointment, your time slot is no longer guaranteed. We will make every effort to reschedule your appointment for another available slot later the same day. We kindly ask that you give us at least 24- hours' notice when cancelling an appointment. WELL CHILD APPOINTMENTS that are missed and are not cancelled at least 24- hours before the appointment time and 1- 2 hours before SICK/ OFFICE APPOINTMENTS, will result in a \$30.00 "no show" fee.

Wait Time

We respect all of our patients' time and strive every day to run on time for each appointment. Due to the unpredictable nature of our appointments and the complexity of our patients' problems, you may, on occasion, have to wait to be seen. Please understand that we strive to give quality service to all our patients and will provide that same care and attention to you. If a patient arrives after you but is taken to an exam room before you, this most likely means that they are seeing a different provider.

Vital Signs

All vital signs will be taken at every visit, other than for a simple blood draw. Vital sign measurements for three years of age and older include weight, blood pressure, pulse oximetry, and temperature. Under three years of age temperature, weight and pulse oximetry will be obtained.

Lab and Test Results

All lab and test results will be relayed to you within a maximum of two weeks. If you have not heard from us via phone or e-message through the patient portal within this timeframe please call the office. Any result that was faxed to the practice will not be accessible on the portal, i.e. radiology reports. Tests that were ordered by other physicians and providers that are not part of our practice will not be visible on the portal, but still remain a part of your health record.

If your results are abnormal and we need to discuss them further with you, the providers will request that you make an appointment. The providers see patients throughout the day and the best way to ensure that you have adequate time to discuss abnormalities and subsequent treatment plans is to make an appointment.

Messages Left for the Providers

If you need to reach a provider during the business day, please call and leave a message with a member of our front desk staff. All messages will be returned accordingly. Messages that are left during the business day will still be returned after hours. Please remember that the providers are busy during the day with other families. If you feel that your message is of urgency, please schedule an appointment.

Referrals

We will happily refer you to specialists based on your child's medical conditions. Ideally, this should be done during the office visit when we address that specific concern. If you have not been seen by our providers for this condition, we may ask that you make an appointment with our office before requesting the referral. When calling to request a referral, please be prepared to give us the doctor's full name, address, telephone number, fax number, specialty, if the specialist is not listed in our system. Please allow five (3) business days for the office to complete your referral request.

Prescription Refills

We encourage our parents/guardian to request refills at their child's regular appointments. Please do not wait until you are out of medication to call the office for a refill request. Please allow 72 hours (3 business

days) for your prescription to be refilled. Controlled Substance Refills – We do not refill controlled substances

over the phone as these refills require an office visit. Children on controlled substances Asthma and/or Allergy medications are expected to be seen by a provider every three (3) months. There is a \$25.00 charge for a “rush order” refill of a controlled substance. We do e-prescribe all prescriptions please be sure to update pharmacy information on file remember to reconcile your desired pharmacy with the provider or when you checkout

Forms and Letters

Provide the front desk with any forms or letters requiring provider documentation after completing your portion of the form. We are unable to accept responsibility for any forms left at the office without a name and valid date of birth. Please note that some forms may require you to be seen by a provider before completion. In this case you will be asked to schedule an appointment. There is a \$15 fee for all forms and letters. This fee must be paid prior to form completion or the generation of the letter. Please allow five (3-5) business days for the office to complete your forms request.

Mailing, Faxing and Emailing

Documents can be mailed via postal mail if a paid self-addressed envelope is provided to TLC Pediatrics. Unfortunately, we do not fax or email documents due to HIPAA.

On-Call Service

When the office is closed after hours, weekends, holidays, or inclement weather, we will always have a provider on call. You may reach this provider by calling the main number to the office and then following the prompts to reach the on-call service or dial 443-481-3185 directly. Please reserve this service for urgent medical concerns only. In the event of a medical emergency, call 911. Do not use this service for prescription refills, referrals, lab results, or appointments. These will not be addressed after hours and will have to wait until the following business day. When calling the on-call service, please be sure you provide a working telephone number as our providers will be unable to reach you otherwise.

Billing Concerns

If you have a question regarding your TLC Pediatrics bill please contact the office at 301-352-6515 and select prompt #3. Questions regarding bills from laboratories such as Quest Diagnostics, LabCorp, or Medical Diagnostics must be addressed with those companies specifically. We do not have access to their billing policies or patient accounts.

Emergency Office Closures

In the event of a severe weather emergency it is the responsibility of the patient to check with TLC Pediatrics regarding potential cancellations or appointment rescheduling. TLC Pediatrics will make every attempt to notify patients via the following avenues:

1. Recorded phone message – TLC Pediatrics will leave a message on the office voice mail system at 301-352-6515
- 2.. Facebook postings – TLC Pediatrics will post updated information on the TLC Pediatrics Facebook page

Communication and Concerns

TLC Pediatrics employs a variety of methods to stay in touch with our patients.

1. Sign up for your Patient Portal to access detailed information about your healthcare visits or to send an email or question to your provider
 2. Sign up for our monthly newsletter
 3. Learn more about TLC at our website: www.pediatricsbowie.com
 4. Follow TLC on Facebook: <https://www.facebook.com/TLC-Pediatrics-266083421853/>
- Alternatively, if you ever have a comment, concern, or other question, please do not hesitate to call our Patient Satisfaction Specialist and Office Manager, LaCresha Holland, at 301-352-6515.



TLC PEDIATRICS L.L.C. and ASSOCIATES

4357 NORTHVIEW DRIVE

BOWIE, MD 20716

Date: _____

To whom it may concern:

I authorize TLC Pediatrics to request the Metabolic Screening Results that was performed on my child at birth and/or in the office of Dr. Toni Thompson-Chittams - TLC Pediatrics. Please fax all results to 301-352-6516. If you have any questions please feel free to give the office a call at 301-352-6515.

Hospital Name: _____

Moms Name: _____

Childs Name: _____

Childs D.O.B: _____

Thank you in Advance

TLC Pediatrics L.L.C.

PEDIATRIC REGISTRATION FORM

Date: _____

Patient Number: _____

PATIENT INFORMATION

First Name	Middle	Last Name	Nickname
Date of Birth	Sex	Social Security Number ()	
Patient Address (Street, Route, Apt. No., Etc.)			Home Phone Number ()
City	State	Zip Code	Cell Phone/Beeper/Pager No. ()
Referring Physician	Primary Care Physician/Pediatrician Name		PCP Office Number

INSURANCE INFORMATION

Primary Insurance Company Name	Policy Number	Group/Plan Number
Insured's Name	Insured's Date of Birth	Relationship to Patient
Secondary Insurance Company Name	Policy Number	Group/Plan Number
Insured's Name	Insured's Date of Birth	Relationship to Patient

PARENT/GUARDIAN INFORMATION

Mother's Information	Father's Information
Name	Name
Mother's SS # DOB	Father's SS # DOB
Spouse's Name	Spouse's Name
Address City, ST, Zip	Address City, ST, Zip
Home Phone Number ()	Home Phone Number ()
Cell/Pager Number ()	Cell/Pager Number ()
Employer Name	Employer Name
Work Phone Number ()	Work Phone Number ()

TLC Pediatrics L.L.C.
4357 Northview Drive, Bowie M.D. 20716

CONSENT FOR TREATMENT OF A MINOR

I, The parent or guardian of said patient, who i.e. a minor, authorize TLC Pediatrics and all persons acting as agents thereof and all physicians to whom said minor is referred for medical treatment, to furnish all forms of diagnostic, preventative and medical treatment to said minor. This consent shall remain in effect until a written revocation hereof is delivered to TLC Pediatrics LLC. **Initial (Parent or Guardian):** _____

AUTHORIZATION AND RELEASE

I authorize TLC pediatrics LLC to release any information including the diagnosis and the records of any treatment or examination rendered to my child during the period of such care to third party payers and/or other health practitioners. I authorize and request my insurance company to pay directly to TLC Pediatrics LLC insurance benefits otherwise payable to me. **Initial (Parent or Guardian):** _____

FINANCIAL POLICY

I hereby authorize payment directly to the Physician of the Medical and/or Surgical benefits, if any, otherwise payable to me for his/her services as described. I certify that the information I have reported is correct. I acknowledge that it is the policy of this office to collect any copayments, co-insurances and/or deductibles at the time of each visit. I am also responsible to notify the office on any change in my insurance prior to my visit. If I have an HMO plan, I will select my PCP prior to my office visit. I understand that I am financially responsible for services that are not covered by my health insurance, or if payment is denied. I agree that in the event I do not pay for services provided, I will pay for the cost of collection, and/or court costs and reasonable attorney fees should this be required.

Initial (Parent or Guardian): _____

NEWBORN

I fully understand that my newborn baby has to be added to my insurance policy. If my newborn baby has not been added to the policy I am aware that I am responsible for the office fee. Some insurance plans offer 31 day newborn coverage. Benefits will be determined prior to appointment, if insurance information is provided. If the newborn is not covered for the first 31 days TLC Pediatrics will have to collect the office fee, at the time of service. All services will be submitted to insurance carrier for payment. **Initial (Parent or Guardian):** _____

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM.
I AM THE PARENT OF SAID MINOR CHILD, OR THE
COURT-APPOINTED GUARDIAN FOR THE PATIENT AND I AM AUTHORIZED TO ACT
ON THE PATIENT'S BEHALF TO SIGN THIS RELEASE OF INFORMATION.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I (Please Print Name) _____ acknowledge that I have read and received the a copy of TLC PEDIATRICS, L.L.C. "Notice of Privacy Practices." This notice describes how TLC PEDIATRICS, L.L.C may use and disclose my protected health information, certain restriction on the use and disclosure of my healthcare information and rights I may have regarding my protected health information.

ACKNOWLEDGEMENT OF RECEIPT OF OFFICE POLICIES AND PROCEDURES

I (Please Print Name) _____ acknowledge that I have read and received the a copy of TLC PEDIATRICS, L.L.C. "Office Policies and Procedures"

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

Pharmacy Information:

(We will keep this pharmacy on file for all prescriptions. To avoid delay in the transmission of prescriptions correct information is required. If you wish to change your pharmacy remember to update pharmacy information with our office)

Name: _____ Phone: _____

Address: _____ Fax: _____

All patients and Guardians' are able to view upcoming appointments, lab reports, demographic information and the ability to interact with our staff through messages. If you are interested in our "Patient Portal" please provide the following information. **(please print clearly)**

Email address: _____

Childs Name: _____ Date of Birth: _____

Childs Name: _____ Date of Birth: _____

Childs Name: _____ Date of Birth: _____

TLC Pediatrics does not discriminate against age, race or gender. The following fields are voluntary. This information will not be viewed or shared with any third party.

Ethnicity: ___ African American ___ Caucasian ___ Hispanic ___ Asian ___ American Indian

___ Hawaiian or Pacific Islander ___ Two or more races: _____

___ Other: _____ ___ *I decline to answer

Language: ___ English ___ Spanish Other: _____

In the event that you are not able to bring your child to an appointment please list all persons whom you give permission to be involved in your child's healthcare and as an emergency contact:

1) _____ (Parent) Contact Number: _____ - _____ - _____

2) _____ (Parent) Contact Number: _____ - _____ - _____

3) _____ Contact Number: _____ - _____ - _____

4) _____ Contact Number: _____ - _____ - _____

5) _____ Contact Number: _____ - _____ - _____

Please note: If there is a custody issue involving your child please be advised unless a court order is submitted to TLC Pediatrics both parents will have rights to child's healthcare records.

All persons listed on this form will have to present their photo identification card when accompanying child to appointment.

To void any information listed, a written request must be submitted to TLC Pediatrics L.L.C.

Consent for Testing

(ONLY applies in the event that it may happen)

In order to comply with the Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens standard (29 CFR 1910.1030), we are requesting your consent to submit to testing of your blood for bloodborne pathogens (hepatitis B, hepatitis C, and HIV) IF an exposure occurs (e.g. needle stick injury, blood splatter) to one of the employees of TLC Pediatrics LLC. Testing will be done at no cost to you. All information regarding an exposure is confidential.

HIPAA and a Patient's Right to Restrict Disclosure of Protected Health Information when Paying Out of Pocket

(All claims will be sent to your insurance carrier unless stated otherwise)

You have the right to request restrictions of disclosures of protected health information (PHI) to health care plans if you consent to pay-out-of-pocket in full for services rendered at TLC Pediatrics LLC. At your request we will not disclose your PHI to your health care plans for purposes for carrying out payment. In addition TLC Pediatrics LLC may not send PHI to health care operations, unless the purpose is to continue treatment.

For example, if you choose to pay-out-of-pocket in full for an office visit pertaining to your child and you request that we do not bill the claim to your insurance company; TLC Pediatrics LLC must comply and is legally not permitted to send out your child's PHI to any insurance company or health care facility.

Although if further treatment is needed for the child's complete evaluation, including referrals, TLC Pediatrics LLC may send your PHI to another health care facility in order to legally and effectively treat him or her but is still legally not permitted to send PHI to any insurance company.

By signing below you acknowledge the above terms:

Printed name of Parent, Guardian, or Patient 18 years or older

Signature of Parent, Guardian, or Patient 18 years or older

Date

PATIENT-CENTERED MEDICAL HOME PARTNERSHIP AGREEMENT

Dear Parent(s):

Welcome and thank you for choosing our practice to care for your child. We are committed to providing your child with the best medical care based on their health needs. My hope is that we can form a partnership to keep your child as healthy as possible.

Your commitment to our patient-centered medical home practice will provide you with an expected type of care. We will work with your child, you and other healthcare providers as a team to take care of your child's health needs. You will also have access to our office through phone and our secure patient portal.

As your Primary Care Provider, I will:

Learn about your child, your family, life situation, and health goals and preferences. I will remember these and your child's health history every time you seek care and suggest treatments that make sense for them.

- Take care of any short-term illness, long term chronic disease, and their all around well-being.
- Keep you up-to-date on all vaccines and preventive screening test.
- Connect you with other members of the care team (specialist, health coaches, etc.) to coordinate your child's care as their health needs change.
- Evaluate your child's behavioral health needs and connect you to the most appropriate behavioral health specialist based upon their needs.
- Be available to you after hours for your urgent needs.
- Notify you of test results in a timely manner.
- Communicate clearly with you so you understand your child(s) condition.
- Listen to your questions and feelings. Your provider will respond promptly to you in a way you understand.
- Help you make the best decisions for your child's care.
- Provide evidence-based care and give you information about classes, support groups, or other services that can help you learn more about your child's condition and to stay healthy.

We trust you, as our patient's parent, to:

- Know that you and your child are a full partner with us in their care.
- Come to each visit with any updates on medications, dietary supplements, or remedies you are using, and questions you may have.
- Let us know when your child sees other health care providers so we can help coordinate the best care for them.
- Keep scheduled appointments or call to reschedule or cancel within 24-hours.
- Understand your child's health conditions, ask questions about their care, and tell us when you don't understand something.
- Learn about their condition(s) and what they can do to stay as healthy as possible.
- Follow the plan that we have agreed upon is best for your child's health.
- Call if you don't receive your child's test results in two weeks.
- If possible, contact us before going to the emergency room so someone who knows your child's medical history can care for them.
- Agreed that all health care providers on your child's care team will receive all information as it relates to their health care.
- Give us feedback to help us improve our care for your family.

I look forward to working with you as your primary care provider in our patient-centered medical home.

Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date
Child's Name	Child's Name	
Child's Name	Child's Name	
Child's Name	Child's Name	
Child's Name	Child's Name	