Weill Cornell Medicine
Hearing & Speech Center

PEDIATRIC INTAKE FORM

Child's Name: ______________________ Date: ____________

Parent's Names: ______________________

Child's DOB: ____________ Age: ____________

Birth Weight: ____________ Number of Weeks Gestation: ____________

Well baby Nursery: ____________ NICU Nursery: ____________

If yes, How long? ____________

Who referred you to us? ______________________

Reason for today's visit: ______________________

____

____

Previous Surgeries, Hospitalizations, Illnesses, High Fevers:

____

____

Previous Medical Diagnosis (if any):

____

____

Medications: ______________________

Allergies: ______________________

Were there any complications during pregnancy and/or delivery? ❒ Yes ❒ No

Please explain:

Did your child pass the newborn hearing screening? ❒ Yes ❒ No

If not, which ear did not pass? ❒ Right ❒ Left ❒ Both

Do you have concerns regarding your child's hearing? ❒ Yes ❒ No

Please explain:

Has your child ever had an ear infection or ear surgery? ❒ Yes ❒ No

If yes, when?

Which ear? ❒ Right ❒ Left ❒ Both

Has your child reached his/her developmental milestones at appropriate ages (i.e crawling, walking, babbling, speech, etc)? ❒ Yes ❒ No

If not, what was delayed?

Is there a history of hearing loss in your family other than age related? ❒ Yes ❒ No

If yes, which family member?

Cause of hearing loss (if known)?

What is the primary language spoken in the home?

If there are other languages spoken, please list:

Where does your child go to school?

Do you have concerns regarding your child's?

Speech and Language Development	❐ Yes	❐ No
Physical Development	❐ Yes	❐ No
Academic Performance	❐ Yes	❐ No

Is your child receiving?

Speech and Language Therapy	❐ Yes	❐ No
Physical Therapy	❐ Yes	❐ No
Occupational Therapy	❐ Yes	❐ No

Other ______________________________

Provider Signature Date

Weill Cornell Medicine

**Department of Otolaryngology –
Head and Neck Surgery**

Financial Policy

Welcome to the Department of Otolaryngology-Head & Neck Surgery.
The following is a statement of our financial policy. We hope this gives you a better understanding of how our billing works.

Financial Policy

Patients have many different types of insurance and payment options for services rendered. Also, not all physicians in the practice accept the same type of insurance. The three most common scenarios are outlined below. Please read the following and if you have any question or concerns please call the office of the physician you are seeing.

Participating Plans

In this scenario the physician you will see participates with your insurance plan. It is your responsibility to ensure your physician is in fact currently a provider in that plan. At the time of service you will be responsible for all co-payments and co-insurances as outlined by your plan coverage. We will collect your co-insurances and deductibles in advance if you are having a procedure in the office or hospital. The Medical College will then forward a bill to your insurance carrier who will confirm if any additional payments are due from you. You will receive written notification of such decision and may ultimately be responsible for such payments as determined by your insurance company. If your plan requires a referral, please present the referral at the time you check-in. If you do not have a referral you may have to reschedule your appointment.

Non-Participating Plans

In this scenario the physician you will see does not participate in you insurance plan. Payment of services is due at the time of the visit. We can submit the claim directly to your carrier or a claim can be mailed directly to you.

Medicare

For any of our providers that participate with Medicare, we will bill Medicare directly for your service and Medicare will send payment directly to the physician. You will be responsible for any deductible or co-insurance. If your physician does not participate with Medicare you will be responsible for payment at the time of service, and your claim will then be forwarded to Medicare and they will reimburse you directly.

Usual and Customary Rates

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment

Cash, Check, MasterCard, Visa, Discover and American Express card are recognized forms of payment.

We hope this information is helpful; Again, if you have any questions or concerns, please contact your physician's office.

Signature of Patient or Responsible Party **Date**