NORTHAMPTON AREA PEDIATRICS, LLP

193 Locust Street Northampton, MA 01060 Tel. (413) 584-8700 Fax (413) 584-1714 170 University Dr., Ste. 101 Amherst, MA 01002 Tel. (413) 584-8700 Fax (413) 256-6069

Pediatric and Adolescent Medicine

Dear New Patient,

Welcome to our practice! Thank you for allowing us to be your pediatric primary care office. Our goal of the checklist below is to help you navigate the transition into your new Patient Centered Medical Home.

Please gather the information below and call us at (413) 584-8700 to register as a new patient:

- 1. Choose a Primary Care Physician (PCP) for your child:
 - Visit us at www.napeds.com and click on *Meet Us > Our Providers*. Read about our providers and choose a PCP for your child.
- 2. Insurance Information:
 - Insurance ID number
 - Subscriber name and Date of Birth
- 3. Legal guardian demographics
 - Name and Date of Birth
 - Address
 - Phone numbers
- 4. Complete and sign a release form to have your previous medical records sent to our office. Options for obtaining a release form are:
 - 1. Contact your previous practice to obtain the release through them
 - 2. From our website, Click on Resources>Patient Forms>Authorization to Release Health Information to print the form
 - 3. Contact our office at (413)-584-8700 or email us at Contactus@napeds.com to request a release form to be sent to you via mail or email

Now we are ready to schedule your first appointment, which we typically request your first visit at our office to be a Well Child Visit!

Here is what to expect upon check-in at the first visit:

- Our office will verify demographics and insurance information
- You will be provided with a new patient packet including all items listed below:
 - NAP magnet, billing business card, and poison control contact information
 - Office brochure including office hours, locations, and contact information
 - Routine visits and immunization schedule
 - MyChart post card and sign-up sheet
 - Family Information Sheet including your emergency contact information
 - Financial Consent, Notice for Privacy Practice's, and Consent to Treatment and Use of Health Information
 - Family Medical History form

Scan the QR code to visit our website! We look forward to meeting you!

