

ROBERT M. SELIG, M.D., FAAP
JOANN C. COZZA, D.O., FAAP
DANIEL S. SELIG, M.D., FAAP
ANDORRA PEDIATRICS
8945 RIDGE AVENUE
SUITES 3-4-5
PHILADELPHIA, PA 19128
215-483-8558

New Patient Practice Introduction

Thank you for choosing Andorra Pediatrics as your medical home for your family. It is our sincere hope that you are treated in a courteous and professional manner at all times by our staff and that we provide the care you expect to your complete satisfaction.

We have 3 full-time Board certified Pediatricians: Dr. Bob, Dr. Joann, and Dr. Dan. The physicians are on staff at Abington Memorial Hospital for newborn care and are affiliated with St. Christopher's Hospital for Children and Children's Hospital of Philadelphia.

Families can choose which pediatrician they would like to be their child's primary care doctor. We encourage using one doctor for well checkups for better continuity of care. Further information about appointment scheduling can be found on our web site.

Please visit our web site at: www.andorrapediatrics.com

You will find important information about our office including the following:

1. Appointments & Office Hours, Insurance & Billing, Specialist Referrals, Hospital Affiliations, Telephone Calls, Directions to Office, Emergency Room Utilization
2. A "3D Tour" that will allow you to see the layout of our office.
3. An area where you can view education handouts (printable) that cover many topics in pediatrics.
4. Rash Photo Library
5. An area called "Links" that will direct you to many helpful pediatric information sites.
6. A category called "Multimedia" where your child can take an online quiz.
7. Pictures of "our family" with their job descriptions.
8. Comment Board for your comments about our practice

We will need certain information about all family members so we can enter your family into our computer system. We will provide you with a form for you to fill out that covers the information we will need.

We participate with most insurance companies. **Please remember to check your child's insurance card to be sure "Andorra Pediatrics" is listed as the primary care physician (see picture below).**

If we have not already received your child's previous medical records, we will provide you with a "Record Request Form" for you to fill out to send to your child's previous medical doctor. The information we request includes growth charts, immunization records, problem list, medicine allergies, hospitalizations and/or surgical histories.

Certain insurance companies require patients to use specific outpatient services. These include lab work, X-rays, Mental Health, Physical therapy and Podiatry services. We have chosen:

1. **X-rays**: Chestnut Hill Hospital
2. **Lab work**: LabCorp (Keystone East), Quest (Aetna, Keystone Mercy, Health Partners).
3. **Podiatry**: over 17 y/o, patient should use Dr. Rapoport
4. **Physical Therapy**: Chestnut Hill Physical Therapy depending on the age of the child and the problem.

Please check with our office before having any services done. We can help you verify that the specialist your child is to see or the service being done is covered by your insurance and you will not be billed separately.

Please do not hesitate to contact our office at 215-483-8558 if you have any questions about your insurance or would like to set up a time to visit our office. Please ask for Kim Fleming, our assistant office manager or Jann McMaster, our office manager.

Thank you and we look forward to caring for "you and your family".

Andorra Pediatrics Information Form

Mother's Name: _____ SS# _____ BD _____

Father's Name: _____ SS# _____ BD _____

Home Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Home Phone _____ Cell-Mom _____ Cell-Dad: _____

Mom's Work # _____ Dad's Work # _____ Emergency # _____

Secondary Address: _____

City: _____ State: _____ Zip: _____

Child's Name	Sex	Social Security #	Child's Insurance ID #

SOCIAL SECURITY #'s ARE REQUIRED BY SOME INSURANCE COMPANIES TO PROCESS CLAIMS

Primary Insurance _____ ID # _____

Subscriber: _____ Mother _____ Father _____ Other _____

Secondary Insurance _____ ID # _____

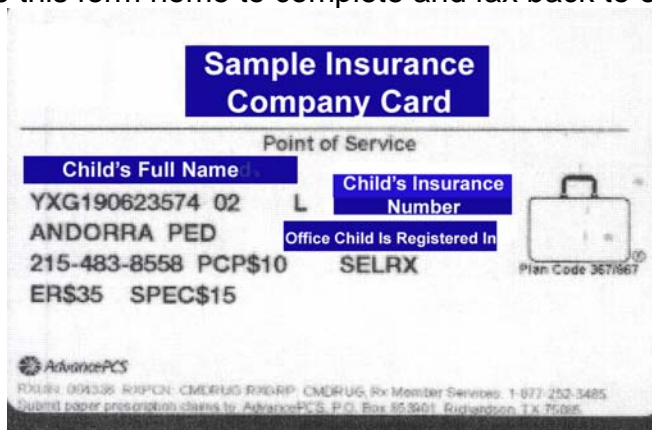
Subscriber: _____ Mother _____ Father _____ Other _____

Pharmacy Name: _____ Address: _____

Phone #: _____ Fax #: _____

PLEASE PRESENT INSURANCE ID CARD(S) SO WE CAN SCAN THEM INTO OUR COMPUTER

If necessary, please take this form home to complete and fax back to our office at 215-487-1270



Be sure your child's ID card shows he/she is registered to Andorra Pediatrics and your child's name is spelled correctly.

BIRTH HISTORY

Birth Weight: _____ lb. _____ oz. **Discharge Weight:** _____ lb. _____ oz. **Time of Birth** _____ AM PM
Apgar Score _____ / _____ **Full Term / Premature** _____ Weeks **Hospital:** _____
Delivery: Vaginal / Cesarean Section (why): _____ **Jaundice:** N / Y
Maternal illness: During / After Pregnancy _____ **Bilirubin:** _____
Any Problems With Baby: ___ No ___ Yes: _____ **Hearing Test:** Passed / Not Passed
Blood Type: MOM A - B - AB - O Rh = / - **BABY** _____ **Combs** + / -

FAMILY HISTORY

	Mother	Father	MGM	MGF	PGM	PGF	Sibling
Asthma							
Cancer							
Diabetes							
Drug Allergy							
Heart Disease							
High Blood Pressure							
High Cholesterol							
Migranes							
Seizures							
Drug Addiction							
Alcoholic Addiction							
Tobacco Use							
Other							

PAST MEDICAL HISTORY

Allergies: _____ **NKDA:** _____ **Birthmarks:** _____
Drug / Alcohol / Tobacco Use: _____ **Chickenpox** No / Yes (date) _____ **Varicella Titer** _____
TB Risk: No / Yes: _____ **Cholesterol Risk:** No / Yes: _____
Operations / Hospitalizations: _____