



Today's Date: _____ Phone #: _____

Family/Last Name: _____

Mother's First Name: _____

Mail Address: _____

email: _____

Approx. Due Day: _____ Hospital will deliver: _____

Obstetrician: _____ OB Phone #: _____

Prenatal Registration

Congratulations!!! A new baby on the way is an exciting time for parents-to-be, and there are many decisions to be made, including finding a pediatrician. Next are some important information and introductory questions to get us started.

We hope you found it informative.

Dr Maria Arreaza has credentials to visit newborn patients at the following hospitals**:



Due to the increase in the number of newborns at hospitals**, we are updating our Prenatal and Newborn form policies.

Parents must register before the delivery date by submitting the respective form to our office using the mother's full name, date of birth, phone number, email, and home address.

We encourage registered patients to notify us prior to the delivery day.

IMPORTANT: Only calls from Hospital** personnel announcing deliveries of mothers registered at Mar and Sea Pediatric will be attended by Dr. Arreaza or by qualified hospital member with equivalent credentials when Dr Arreaza is not available.

_____ Initials

Parents of newborn patients are required to adhere to the Pediatric Hospital Protocols before to schedule an appointment at Mar and Sea Pediatrics. These protocols include the following procedures:

- **Administering Injected Vitamin K (not orally)**
- **Conducting Metabolic Newborn Screening.**
- **Monitoring Transcutaneous Bilirubin levels. ***

_____ Initials

ANY QUESTIONS FEEL FREE TO CALL US AT 561-270-5144 OR EMAIL: FAXMARANDSEA@GMAIL.COM

** (Boca Regional Hospital - Baptist Group / West Boca Medical Center)



Prenatal Form

Thank you for choosing Mar and Sea Pediatrics as your baby's future care provider. Based on our experience, we will ask you a few introductory questions to get started.

- 1) Is this your first pregnancy? ☐ Yes ☐ No
- 2) Have you had any complications with this pregnancy? ☐ Yes ☐ No
If yes, please explain: _____

- 3) Do you have other children? ☐ Yes ☐ No
If your answer is Yes, please specified quantity: _____
- 4) Is your delivery already scheduled for a cesarean or C section? ☐ Yes ☐ No
- 5) How do you plan to feed your newborn? ☐ Breastfeed ☐ Formula ☐ Unsure
- 6) Do you plan to vaccinate your child according to the recommended schedule?
☐ Yes ☐ No ☐ Unsure
- 7) If you are having a boy, do you want a circumcision? ☐ Yes ☐ No ☐ Unsure
(Dr Arreaza will referred this procedure to a different office)
- 8) Do you have an Insurance company? (Please, review our current insurance accepted list at www.marandseapediatric.com) ☐ I'm Self-pay
Provider / Plan: _____
ID # _____ (Newborns need to be added to the coverage.)
- 9) Is there anything else you would like us to know? _____

Lastly, how did you hear about our practice?

- ☐ Google ☐ IG ☐ Facebook / Other : _____
- ☐ From a current office's patient: _____ (name)
- ☐ From OB or medical provider: _____ (name)



NEWBORN INSURANCE ENROLLMENT POLICY STATEMENT

Adding your newborn to your insurance policy is not automatic. **You, the insured, must call and initiate the addition of your new baby to your policy**, including the selection of Dr. Maria Arreaza as the child's pediatrician, also referred to as primary care physician, or PCP. Insurance companies require you to enroll your newborn in your health plan within 30 days of your baby's birth. If your baby is not enrolled, your insurance plan will deny claims for your baby's care and you will be responsible for full payment.

- Contact the **EMPLOYER** that provides the insurance you will be using
- Fill out the necessary enrollment forms to notify the employer of the birth and add your child to the policy
- Submit these forms ASAP
- Call your **insurance company** member services department (the phone number is on the **back of the insurance card**) and:
 1. Confirm receipt of your forms
 2. Confirm enrollment of your newborn
 3. Confirm your choice of a PCP with your insurance
PCP: (MAR AND SEA PEDIATRIC OR DR. MARIA)
 4. Request all of your policy information, including the details of your coverage, benefits and limitations. These may include co-payments, coinsurance, deductibles and/or out-of-pocket expenses
 5. Familiarize yourself with policy coverage details and rules, exclusions, referral procedures that may result in patient financial responsibility.

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FAXMARANDSEA@GMAIL.COM**

If your baby is not added to the insurance policy within 30 days of their date of birth you will be financially responsible for all charges. It is the patient/parent's responsibility to bring to the office his/her insurance card and information. We are making every effort to keep down the cost of your medical care. **Please understand that you ultimately have the final responsibility of your bill.**

You can review our office charges for Newborn visit at Hospital** through *Insurance & SelfPay* tab on www.marandseapediatric.com

If you have any questions or concerns, please contact your insurance company immediately. **I certify that I have read the above policy statement and understand that I am responsible for my child's medical cost.**

PARENT'S NAME: _____

SIGNATURE: _____ DATE: _____

** (Boca Regional Hospital - Baptist Group / West Boca Medical Center)