



The Herman & Walter Samuelson
Children's
HOSPITAL AT SINAI

Division of Pediatric Endocrinology
Sinai Hospital of Baltimore

Reply to Main Office Location:
Morton Mower Medical Office Building
2411 West Belvedere Avenue, Suite 205
Baltimore, Maryland 21215-5271

Tel 410 601 8331
Fax 410 601 8859

Dear Parents/Guardians,

We would like to take a moment to welcome your child as a new patient of Pediatric Endocrinology at the Herman and Walter Samuelson Children's Hospital at Sinai. The Division of Pediatric Endocrinology offers comprehensive diagnostic and therapeutic endocrinology services from infancy to young adulthood. Our comprehensive, multidisciplinary team, including pediatric endocrinologists, a pediatric endocrinology nurse and registered dietician, works closely with the primary care physicians, the patients and their families to treat these disorders and provide your child the highest level of care. The division treats a range of endocrine related conditions including specialty services. Your family will benefit from a very personal approach to care, similar to the experience of visiting a physician in a private practice.

Your child is typically treated by the same physician, who knows the medical history and family background information. This continuity of care contributes to more positive health care outcomes. We value the critical role that parents play in keeping their children healthy. As a key member of our health care team, you have access to all members of your child's team and participate in making all decisions about your child's care.

The enclosed welcome packet includes information we would like you to complete prior to your child's visit to expedite your registration process. The packet also includes a request for pertinent medical information pertaining to your child's visit. We ask that you or the referring physician's office fax this information to our office prior to your child's appointment for the provider to review and obtain additional information if necessary. If you have any questions feel free to contact our office at 410-601-8331. We look forward to your visit.

Sincerely,

Pediatric Endocrinology at The Herman and Walter Samuelson Children's Hospital



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Date:

Dear Parent Guardian:

_____ has an appointment with
Pediatric Endocrinology

on _____ at _____ am/pm at the
location check below:

- Sinai Hospital Morton Mower Medical Office Building (main office)
2411 West Belvedere Avenue
Suite 205
Baltimore, Maryland 21215-5271
- Mt. Airy Health and Wellness Pavillion
504 E. Ridgeville Blvd.
Mt. Airy, MD 21771
- Lifebridge Health Pavillion @ Quarry Lake (satellite office)
2700 Quarry Lake Drive
Suite 270
Baltimore, MD 21209
- Franklin Square Medical Center (satellite office)
5009 Honeygo Center Drive
Suite 225
Perry Hall, MD 21128



The Herman & Walter Samuelson
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a LifeBridge Health center

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Please ensure our office receives your child's medical records at least 48 hours prior to the scheduled appointment or your appointment will be subject for cancellation. We ask that you arrive at least 15 minutes prior to your appointment to complete the registration process. If you are unable to keep your child's appointment kindly give 24 hours notice. We look forward to meeting you and your child.

What to Bring with You:

The completed registration packet	Insurance referral from your pediatrician (if applicable)
Insurance cards	A list of medications and questions you may have for the physician
Photo Identification	If your child is old enough, help him or her to add to the list too
Co-Payment	Books, games, snacks, formula, diapers, change of baby clothes or other necessities.

Patient Policies

We've found the following policies to be helpful in providing each of our patients with the best possible service. Your cooperation is appreciated.

Primary Care Referrals:

If your insurance carrier requires a referral from your primary care physician, please send your completed referral forms to us prior to your appointment. Patients cannot be seen without the appropriate referral.

Co-Payments:

Co-payments and deductibles are due at the time of your scheduled appointment.

Methods of Payment:

We accept cash, checks, check cards, MasterCard and Visa. We do not accept Discover and American Express.

Delays:

Please call if you are running late. Patients arriving more than 15 minutes late may be asked to reschedule. If our office is responsible for a delay, your session will be completed in its entirety.

No-Shows

Patients may be charged for missed appointments without a 24 hour cancellation notice. This charge is the patient's responsibility and cannot be billed to the insurance company. Missed appointment fees should be paid before scheduling subsequent appointments. If you are unable to keep an appointment, please contact the office at least 24 business hours prior to your scheduled appointment time. After 3 no shows, your child may be dismissed from the practice.



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Last revised 1/24/17

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DOCUMENTATION REQUEST

Sinai Hospital of Baltimore Faculty Practice Providers are dedicated to preserving your privacy and personal health information. **We are requesting Patient Medical Documentation for the doctor to review prior to their appointment** in order to provide the finest medical care possible. Thank you for your assistance.

Date: _____

Appointment Date: _____

To: _____

Patient Name: _____ DOB: _____ SEX: _____

Address: _____

The above named patient is presently being treated by one of our Pediatric Endocrinology physicians. In order to complete our evaluation of this patient, we need the following...

- The last doctor's note
- Growth charts
- X-rays, lab work, and any other Endocrine-related tests
- Records of any ED visits or hospitalizations in the past 3 months
- other-Anything that would assist in understanding why patient was referred to the Endocrinology Specialist

Please send the requested information to:

Sinai Pediatric Endocrinology
Sinai Medical Office Building Ste 205
2411 W. Belvedere Avenue
Baltimore, MD 21215
Phone: 410-601-8331 Fax 410-601-8859

Parent or Legal Guardian

Witness



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DEBRA COUNTS, MD CHIEF
KAREN ARMOUR, MD

Division of Pediatric Endocrinology
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PATIENT AUTHORIZATION

Sinai Hospital of Baltimore Faculty Practice Providers are dedicated to preserving your privacy and personal health information. Our employees are trained in the proper handling of your medical and financial records. We are requesting this Patient Authorization in order to continue to provide the finest medical care possible. Thank you for your assistance.

I authorize **Pediatric Endocrinology** to:
(Dept/Division)

1. Call my home and/or work to remind me of upcoming appointments; in the event I am not there, leave a message on an answering machine.
2. Send reminder notices for upcoming appointments or when it is time to schedule an appointment.
3. Call my home or work and leave a message to contact the office. Make and/or receive calls from pharmacies on my behalf, including prescriptions. By FAX.
4. Update my personal demographic information either on the phone or in the office at the time of my appointment.
5. At my request, I give permission to discuss my personal health with the designated person(s) below:

Name

Relationship

Name

Relationship

Name

Relationship

I have read and agree to the above policies.

Patient Name (print)

Date

Signature of Patient or Patient Representative