

Welcome to Buffalo Pediatric Associates, LLP

We appreciate the opportunity to provide for your child's health care needs. Our team of board certified physicians and nurse practitioners, as well as our entire health care team of compassionate professionals, is dedicated to providing the highest care and service to our patients and their families.

We have convenient office hours to make scheduling your child's appointment easy and flexible, around your schedule.

Linwood Office

Monday – 8am-7pm

Tuesday – 8am-7pm

Wednesday – 8am-5pm

Thursday – 8am-5pm

Friday – 8am-5pm

Williamsville Office

Monday – 8am-7pm

Tuesday – 8am-5pm

Wednesday – 8am-5pm

Thursday – 8am-5pm

Friday – 8am-5pm

***EVENING HOURS ARE SUBJECT TO CHANGE**

Saturday Hours

The offices are open on alternating Saturdays, from 8am-12pm, for sick appointments only. If your child is ill, please call first thing in the morning to ensure you can get an appointment.

Our providers are on call for emergencies when the office is closed. If an emergency occurs, we encourage you to call the office first, so we can see you in the office when we open, or direct you to the proper facility if needed.

We have an expansive website that we encourage you to visit, in order to learn more about our practice. Please take time to review the paperwork included and return it to the office prior to your appointment.

Do not forget to call your insurance company and list Dr. Pamela London or Dr. Rachel Kaufman as the primary doctor prior to your appointment. We also ask that you obtain a copy of your child's immunization records and bring it with you to your first appointment.

IF YOU CANNOT MAKE YOUR FIRST APPOINTMENT MAKE SURE YOU CONTACT THE OFFICE! If your first appointment is marked as a no show, you will not be able to reschedule this visit.

We look forward to meeting you!!

BUFFALO PEDIATRIC ASSOCIATES, LLP

BUFFALO OFFICE
237 LINWOOD AVENUE
BUFFALO, NY 14209
716-884-8018
FAX: 716-883-3203

WILLIAMSVILLE OFFICE
1360 N. FOREST ROAD
WILLIAMSVILLE, NY 14221
716-639-0744
FAX: 716-639-1954

UPDATE INFORMATION SHEET

(PLEASE PRINT AND COMPLETE ENTIRE FORM)

Today's Date _____

Child #1: _____ DOB: _____ Sex: M / F
Child #2: _____ DOB: _____ Sex: M / F
Child #3: _____ DOB: _____ Sex: M / F
Child #4: _____ DOB: _____ Sex: M / F
Child #5: _____ DOB: _____ Sex: M / F

FATHER'S INFORMATION:

Name: _____ DOB: _____
Home address: _____ City: _____ Zip: _____
Phone: (Home) _____ (Work) _____
Employer name and address: _____

MOTHER'S INFORMATION:

Name: _____ DOB: _____
Home address: _____ City: _____ Zip: _____
Phone: (Home) _____ (Work) _____
Employer name and address: _____

INSURANCE INFORMATION

Insurance Carrier: _____
Doctor Listed as Primary Care: _____
Subscriber: _____
ID#: _____
Effective Date: _____

PAYMENT AGREEMENT

(Please read carefully)

We at Buffalo Pediatric Associates, LLP pride ourselves on the quality of care and customer service we provide. To maintain a good relationship it is **IMPERATIVE** that you keep your financial account current with our practice. **CO-PAYMENTS/DEDUCTIBLES/BALANCES ARE REQUIRED TO BE PAID PRIOR TO SEEING THE PHYSICIAN. IF YOU ARE UNABLE TO PAY AND PRIOR ARRANGEMENTS HAVE NOTE BEEN MADE WE WILL ASK YOU TO RESCHEDULE. WE ALSO WILL NOT BILL A 2ND PARTY DUE TO DIVORCE.** The payment must be in hand at the time of the visit.

After an outstanding bill is 45 days old you will receive a 30-day notice from our office, if in those 30 days your account is not paid in full we will ask you to find another physician and your medical records will be made available.

I have read and fully understand the above financial and payment agreement. I also certify that the above information is correct to the best of my knowledge.

Signature of legal guardian: _____ Date: _____

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MEDICAL RECORD RELEASE FORM

Patient Name _____

Date Of Birth _____

Current Address _____

Current Phone Number _____

FEES I understand that I am responsible to pay a fee of \$0.25 per page plus postage for any release of **COMPLETE** medical records. Shot records and a summary of care will be provided, once, at no charge. This is in accordance with Public Health Law, section 17.

PLEASE CIRCLE INFORMATION TO BE RELEASED:

- | | |
|---|--|
| Summary Of Care (no charge) | Full and Complete Chart (see fees) |
| Sports Physical Form(provided by patient) | Camp Form (provided by patient) |
| Shot Records | Working Papers |
| School Physical Form(provided by patient) | Proof of Physical (provided by office) |
| Other (be specific) _____ | |

The following items will not be released unless specifically requested by circling which below:

- Chemical Dependency records (records relating to Alcohol or Substance Abuse)
- Mental Health Records (including any care for depression or anxiety)
- HIV Information (Signed NYS Form 2557 Required)

I hereby authorize:

BUFFALO OFFICE
237 LINWOOD AVENUE
BUFFALO, NY 14209
716-884-8018

To release the information describe above **TO:**

Name: **Buffalo Pediatric Associates, LLP**
Address: **237 Linwood Ave.**
Buffalo, NY 14209
716-884-8018

To Obtain Copies of medical records **FROM:**

Name: _____
Address: _____

Patient Signature _____ Date: _____

Guardian Signature _____ Relationship: _____

***** If patient is between 12 and 18 years of age, both the patient and the parent must sign. The release will expire 12 months following the date of signature. I can cancel this authorization before that time.**

Buffalo Pediatric Associates, LLP

Family Health Questionnaire

Name: _____

D.O.B: _____

Please notate any history in your immediate family. Specify which siblings, and Maternal or Paternal Grandparents.

Condition	New Patient	Family Member
Alcoholism/Drug abuse	_____	_____
Allergies	_____	_____
Anemia	_____	_____
Asthma	_____	_____
Birth Defects	_____	_____
Bleeding/clotting disorder	_____	_____
Cancer/specify type	_____	_____
Cystic Fibrosis	_____	_____
Diabetes	_____	_____
Eczema	_____	_____
Epilepsy	_____	_____
Gastrointestinal	_____	_____
Hearing Problems	_____	_____
Heart disease	_____	_____
High blood pressure	_____	_____
High cholesterol	_____	_____
Immune problems	_____	_____
Kidney problems	_____	_____
Learning problems	_____	_____
Mental illness	_____	_____
Thyroid Disease	_____	_____
Other	_____	_____