Hunterdon Health
The Child Development Center
190 Rt 31 N. Suite 500
Flemington, NJ 08822
(908)788-6396

The Child Development Center
Developmental Pediatric Associates

PROCEDURE FOR A NEURODEVELOPMENTAL EVALUATION

In order to prepare for your requested appointment, we have enclosed our history form, along with other forms that are necessary for the appointment. All forms need to be completed and returned to our office prior to scheduling an appointment.

Please use one of the following methods to return your child's history intake form.

- Hunterdon Health Developmental Pediatric Associates, 190 Route 31, Suite 500, Flemington, N.J. 08822
- Emailed to: Kristen Griffin at kgriffin@bhsnj.org.

Please also include copies of the following if appropriate:

- Child Study Team evaluations which have been completed within the last three years, along with a current IEP if applicable.
- Early Intervention records (Battelle testing and IFSP) if your child is currently receiving EI services.
- Medical Specialist reports.

After processing your completed paperwork we will call you to schedule an appointment. **The review process could take up to 6 weeks** to **complete.** Developmental Pediatric Associates currently has a **6-9 month waiting period** for **appointments.**

Please be aware that the doctor would like both parents to be present for consultation, along with their child. Due to the complexity and length of the evaluation, it is essential that you make child care arrangements for siblings since we are not staffed to provide childcare. The evaluation is approximately 1 ¾ hours in duration. As part of the evaluation, a brief assessment and vital signs will be conducted on your child in your presence.

On the day of appointment we ask that you arrive at our office at least 10 minutes prior to your scheduled appointment in order to register your child for services.

If you have any questions please feel free to contact the office at (908) 788-6650 prompt 3.

We look forward to meeting you and your child.

Please note: If time between visits exceeds 3 years you will be treated as a new patient and you will be required to go through this process again

IMPORTANT INSURANCE INFORMATION

PLEASE NOTE: *Without correct insurance information, Hunterdon Health will be unal to submit to your insurance carrier and you will be held responsible for payment.*

INSURANCE INFORMATION: (*all information will be kept confidential*)

Insurance Company: _____ Plan Type: PPO HMO POS Other

Claims Address: _____

ID#: _____ Group #: _____ Referrals Needed: Y/N

Insurance Phone # (Member Service/Customer Service): _____

Primary Insurance Information:
Policy Holder's Name: _____ P.H.'s Date of Birth: _____

P.H.'s social security number: _____

Policy Holder's Place of Employment _____

Employer's Address: _____

Occupation: _____ Employed FT PT Retired Unemployed

Relation to patient: _____ Is policy holder Guarantor for patient? Yes No

Secondary Insurance Information if applicable:

Policy Holder's Name: _____ P.H.'s Date of Birth: _____

P.H.'s social security number: _____

Policy Holder's Place of Employment _____

Employer's Address: _____

Occupation: _____ Employed FT PT Retired Unemployed

Relation to patient: _____ Is policy holder Guarantor for patient? Yes No

History Intake Form - Update since last intake completed on _____.

Please take a few moments to complete this update form.
Your responses will help us provide your child with the best possible care.

Family and Education Update:

1. Have there been any changes to your child's living situation since your last visit to Hunterdon Health Child Development Center? ? (please circle one) Yes No
   If Yes, please describe:

   _____

   _____

   _____

2. Any changes to your child's education since your last visit to Hunterdon Health Child Development Center? example; New IEP, 504 plan, Triannual CST evaluation (please circle one) Yes No
   If Yes, please describe:

   _____

   _____

   _____

Health History Update

1. Have there been any changes in your child's medical history since your last visit to Hunterdon Health Child Development Center? Yes No

If yes, please specify:

_____

_____

_____

_____

_____

_____

2. Please list any specialists that your child seen in the past or is presently seeing

Specialist	Reason for seeing specialist	Last seen

3. Please list any CURRENT MEDICATIONS prescribed , over the counter or supplements

MEDICATION	DOSAGE/STRENGTH	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Allergies: _____

REFERRAL INFORMATION: : Who referred you to our services? _____

Does your child have a diagnosis? Yes No Identify: _____

_____

Why are you seeking help for this child? (please be specific): _____

_____

_____

_____

_____

_____

_____

Please keep this form for your records

Explanation of Prolonged Codes

CPT codes 99417 and G2212

You may see these codes on your EOB

These codes are used in conjunction with the following Office Visit codes:

99205 - New Patient

99215 - Established Patient

Prolonged codes are added automatically by the system based on the physician's stated amount of total time spent on your appointment which is noted at the end of the evaluation report and includes the following:

- Face to Face time spent at your appointment with the physician Chart review prior to appointment
- Scoring testing materials administered during the appointment Review of any additional paperwork brought to appointment ie; CST evaluations, IEPs, medical reports or records
- Dictating and editing your report
- Phone calls to case managers or other medical professionals if applicable

Hunterdon Healthcare

Child Development Center

Developmental Pediatric Associates

Insurance Obligation

Please be advised we bill as a Specialist Office.

If your insurance plan is referral based, the referral should be made out to Hunterdon Medical Center Developmental Pediatric Associates - NPI #1295371441, Tax ID # 221537688.

Physician NPI if needed:

Dr. Audrey Mars - NPI 1295808236

Dr. Michael Vergara - NPI 1053433961

Kristen Rozano, CPNP-PC - NPI 1619350733

It is your responsibility to contact your insurance provider to confirm your benefit. You may be subject to a copay, deductible and or co-insurance payment. You are responsible for any costs not covered by your insurance plan.

These are the billing codes we use:

New Patient CPT code - 99205

Established Patient CPT code - 99215

Prolonged CPT code - 99417 or G2212 (used in combination with the above two codes)

Thank you

Hunterdon Healthcare

Child Development Center

Developmental Pediatric Associates

24 Business Hour Appointment Cancellation Policy

Developmental Pediatric Associates has a 24 hour cancellation/rescheduling policy.

If you miss your appointment, cancel or change your appointment with less than a 24 business hour notice, you will be charged the following fee:

$100.00

This fee will not be billed to or covered by your insurance company.

This policy is in place out of respect for our physicians and their patients. Cancellations with less than a 24 business hour notice are difficult to fill. By giving last minute notice or no notice at all, you prevent another patient from being able to schedule into that time slot.

By signing below, you acknowledge that you have read and understand the Cancellation Policy for Developmental Pediatric Associates as described above.

_____ _____

Printed Name Signature

_____

Date

HUNTERDON MEDICAL CENTER
2100 Wescott Drive
Flemington, NJ 08822

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Date requested: _____ Date needed: _____

I, _____ hereby authorize HMC - Developmental Peds
Name of patient/participant — Health Care Facility

to disclose information from the records of:

_____
Patient's Name — Birth Date — Patient Phone #

The information is to be disclosed to: Pls enter Primary Care Physician info here
Name: X
Address: X
Phone #: X

for the specific purposes of: CO-ORDINATION OF CARE

The following information is to be released (itemize portions of record and time period): EVALS, OFFICE NOTES ect.

I understand that the information to be disclosed may include diagnosis, prognosis and treatment for physical and/or mental illness including treatment of substance abuse, AIDS/HIV related, genetic, venereal disease or tuberculosis information, which are protected under State and Federal law and prohibits any further disclosure without written consent of the persons to whom it pertains or otherwise provided by law.

Having read the above information, I release Hunterdon Healthcare System, its employees, staff and agents from all legal responsibility or liability that may arise from the disclosure of information set forth above relating to my protected Health Information.

I understand that this authorization will remain in effect until the term of this authorization expires or I provide a written notice of revocation to Hunterdon Healthcare System's Privacy Office at the address listed below. The revocation will be effective immediately upon Hunterdon Healthcare System's receipt of the written notice. I understand that revocation may not be made if the action has already been acted upon based on prior authorization.

This authorization is valid for (check one) from the date of signature:
☐ 180 days ☐ 120 days for Behavioral Health patients

_____ _____
Patient's Signature — Date of Signature

_____ X _____
Witness — Signature of Responsible Party

Pls sign

If patient is unable to sign, complete the following:
Patient is a minor _____ years of age.
Patient is unable to sign because: _____

Privacy Office Health Information Management Services, 2100 Wescott Drive, Flemington, NJ 08822 Phone: 908-237-6478 email: privacy.office@hunterdonhealthcare.org
Federal and State Statutes: Psychiatric Treatment (NJSA 10:37-6.79 et seq.), Drug/Alcohol (42 CFR Part 2), HIV-related information (NJSA 26:5c to 26.5c-14), Genetic Information (NJSA 10:5-47 & 48), Venereal Disease (NJSA 26:4-41), and Tuberculosis Information (NJAC 8:57-6.14).

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