



## Oxygen Oasis Hyperbaric Wellness Center

848 Town Center Drive

Langhorne, PA 19047

215-352-3720 (office)

215-352-3608 (fax)

info@o2oasis.com

### PEDIATRIC PATIENT INTAKE AGREEMENT

Please indicate your interest in being evaluated by Michael Montico, M.D and becoming a patient of the practice by completing and signing the form below and returning it to the address above (with the deposit). Please note that the intake process is a specialized consultation. The intake process is not meant to replace your child's primary care or general health care needs.

Patient's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In order to schedule a new patient intake with Oxygen Oasis Hyperbaric Wellness Center, you must send the following items to the above address. Included in your paperwork is an Intake Paperwork Checklist to guide you:**

- This ***Pediatric Intake Agreement***- signed by **both** Parents/Guardians (*if applicable*)
- A completed ***Pediatric Patient Questionnaire***
- The ***Informed Patient Consent***- signed by **both** Parents/Guardians (*if applicable*)
- The ***Notice of Privacy Practices***- signed by **both** Parents/Guardians (*if applicable*)
- ***Parent Liaison Consent Form***
- A **Check or Credit Card Payment** for \$250 that will serve as a non-refundable deposit, made payable to Oxygen Oasis Hyperbaric Wellness Center.
- A **Copy of your Insurance Card**

**The fee for the initial intake is \$500.00 [less the non-refundable deposit] and includes:**

- Comprehensive review of your child's history and questionnaire by Michael Montico, M.D. (prior to intake date)
- Physical Examination with Michael Montico, M.D.
- Individualized written treatment outline and recommendations

*\*Please note that any blood work or treatment ordered during a visit (intake or consult) will be **billed to you separately** and **IS NOT** included in the fee for a visit (intake or consult). Oxygen Oasis Hyperbaric Wellness Center does not bill directly to your insurance company but will assist in submitting requests.*



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**PEDIATRIC PATIENT INTAKE AGREEMENT**

**Please sign below to indicate that you:**

- Understand the fee for initial intake
- Understand what the initial consultation includes
- Want to be evaluated by Michael Montico, M.D. and become a part of the practice
- Understand that this is a specialized consultation and does not replace your child's primary care needs

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date