MAGNOLIA LANE PEDIATRICS

Thank you so much for reaching out to us at MLP! If you would like to become a new patient, please submit the application with a copy of your insurance card (front & back) by email to: **frontoffice@magnolialanepediatrics.com**

We will notify you by e-mail or phone after your application has been reviewed. Please understand, because we are intentionally keeping our practice size small and sometimes due to insurance restrictions/timelines, unfortunately we are not able to accept all new patients. We apologize in advance, as we wish we could accommodate and care for each and every family.

Parent's Name: _____ _____ Parent's Date of Birth: _____

Is this your first child? YES / NO (circle one)

List All Children's Names	Gender	Date of Birth / Expected Due Date
_____	M / F	_____
_____	M / F	_____
_____	M / F	_____
_____	M / F	_____
_____	M / F	_____

Phone Number: _____ Email: _____

Home Address: _____

Insurance Name: _____ Insurance Network: PPO HMO CHIP/Medicaid (circle one)

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

Member ID/Subscriber Number: _____

We believe that trust is the basis of a good pediatrician-patient/family relationship. We truly believe vaccines save children's lives so we recommend and require vaccinating according to the standard American Academy of Pediatrics schedule. Do you agree and plan to follow this schedule? YES / NO

Which pediatrician would you like to request? Dr. Eddings or Dr. Yu or Dr Collins (circle one)

If transferring from another practice, who was your previous pediatrician? _____

How did you hear about Magnolia Lane Pediatrics? _____