



## New Patient Registration Checklist

If you are a new patient to our practice, please fill out the online forms for your child's age range. This checklist will make sure you have all the forms filled out and the information we need to register you and to make your first appointment. If you have any questions, please contact our office at 703-435-3636 and "select option 4".

There are 2 sets of forms for specific age groups, 0-6 months of age and 12 months and older. Make sure you complete the correct age group paperwork for your child(ren)'s age group.

**Insurance:** Please check our website ([www.rtcpeds.com](http://www.rtcpeds.com)) for Billing and Insurance information to make sure we take your Health Insurance. If you have any questions, please contact our Billing Department at 703-435-0726.

Email insurance card copies and medical records to [medicalrecords@rtcpeds.com](mailto:medicalrecords@rtcpeds.com) or drop them off at our office: 1830 Town Center Dr. Ste 205 Reston, VA 02190.

### **Ages 0-11 months:**

- Patient Registration Form
- Credit Card on File **REQUIRED**
- Newborn Questionnaire
- Copy of Front and Back of Insurance Card
- Records from prior pediatrician or hospital discharge. At a minimum we need last Well Check (if not a newborn), immunization record and any records from specialists.

### **Ages 12 months and older:**

- Patient Registration Form
- Credit Card on File **REQUIRED**
- Pediatric Questionnaire
- Copy of Front and Back of Insurance Card
- Records from prior pediatrician or hospital discharge
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