WATCHUNG PEDIATRICS

76 Stirling Road
Suite 201
Warren, NJ 07059
908-755-KIDS (5437)
908-755-6905 (fax)

225 Millburn Avenue
Suite 301
Millburn, NJ 07041
973-376-PEDS (7337)
973-218-6647 (fax)

346 South Avenue
Suite 3
Fanwood, NJ 07023
908-889-TOTS (8687)
908-889-0047 (fax)

Parent 1		Birthdate
Address		
City	State	Zip Code
Email Address		Social Security #
Cell #	Home Phone #	Work Phone #

Parent 2		Birthdate
Address		
City	State	Zip Code
Email Address		Social Security #
Cell #	Home Phone #	Work Phone #

Insurance Company	Insurance ID#
Group#/Name	Plan#/Name
Subscriber/Guarantor	
Pharmacy	Pharmacy Phone#
Employer	Occupation

I accept financial responsibility for all visits to Watchung Pediatrics and will be presenting my insurance card at every office visit.
I authorize Watchung Pediatrics to bill my insurance.

Print Name/Signature	Date

Watchung Pediatrics takes part in the U.S. Department of Health and Human Services' "Meaningful use" program in order to provide better care to your family. In order to be compliant, we must collect data on race, ethnicity, and primary languages of patients and families. Patients may decline to answer by checking the "prefers not to answer" box. Your help on this matter is greatly appreciated.

Last Name

List Children *(Oldest to Youngest please)*

Child 1 Name	Birth date	Gender ☐ Male ☐ Female
Race ☐ AM. Indian/AK Native ☐ Asian ☐ African American ☐ Native HI/Pacific Is. ☐ White ☐ Other Race ☐ Prefers Not to Answer		
Other Race	Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Prefers Not to Answer	
Languages ☐ English ☐ Spanish ☐ Other ☐ Prefers Not to Answer		Other Languages

Child 2 Name	Birth date	Gender ☐ Male ☐ Female
Race ☐ AM. Indian/AK Native ☐ Asian ☐ African American ☐ Native HI/Pacific Is. ☐ White ☐ Other Race ☐ Prefers Not to Answer		
Other Race	Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Prefers Not to Answer	
Languages ☐ English ☐ Spanish ☐ Other ☐ Prefers Not to Answer		Other Languages

Child 3 Name	Birth date	Gender ☐ Male ☐ Female
Race ☐ AM. Indian/AK Native ☐ Asian ☐ African American ☐ Native HI/Pacific Is. ☐ White ☐ Other Race ☐ Prefers Not to Answer		
Other Race	Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Prefers Not to Answer	
Languages ☐ English ☐ Spanish ☐ Other ☐ Prefers Not to Answer		Other Languages

Child 4 Name	Birth date	Gender ☐ Male ☐ Female
Race ☐ AM. Indian/AK Native ☐ Asian ☐ African American ☐ Native HI/Pacific Is. ☐ White ☐ Other Race ☐ Prefers Not to Answer		
Other Race	Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Prefers Not to Answer	
Languages ☐ English ☐ Spanish ☐ Other ☐ Prefers Not to Answer		Other Languages

Are there any barriers to communication? If so, please list the barrier(s) and who they apply to:

WATCHUNG PEDIATRICS

CONSENT TO DISCUSS MEDICAL NFORMATION AND PROTECTED HEALTH INFORMATION OF A PATIENT UNDER 18 YEARS

Patient Name *(please print)*	Birthdate
Sibling 1 Name *(please print)*	Birthdate
Sibling 2 Name *(please print)*	Birthdate
Sibling 3 Name *(please print)*	Birthdate
Sibling 4 Name *(please print)*	Birthdate

With my prior consent, I authorize Watchung Pediatrics to discuss my child(ren)'s medical information as follows *(Initial all that apply)*

Immunization records to be released by fax or mail to:		School		Other
Treatment plans (i.e.: Medication, asthma, epi-pens, etc.) to be disclosed to:		School		Other
Labs and test results:		School		Other
Other *(Specify)*				

I authorize the following people to bring my child(ren) in for treatment at Watchung Pediatrics.

Name of Person	Relationship
Name of Person	Relationship
Name of Person	Relationship

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity. I hereby acknowledge receipt of Watchung Pediatrics "Notice of Privacy Practices" and consent to such disclosure for these permitted uses. I also hereby consent to such disclosures via fax.

I fully understand and accept the terms of this consent.

Print Name	Signature
Date	Parent Cell Phone #

I understand that I may revoke this consent at any time and I must notify Watchung Pediatrics in order to revoke the consent.

REVOKE CONSENT

(Do not sign below unless you are revoking the above consent)

I hereby revoke the above consent effective immediately. I understand that revoking this consent means that my medical information and protected health information will no longer be discussed or disclosed (released) to the above individuals and that a new consent will need to be completed if this changes.

Signature of Parent	Date

WATCHUNG PEDIATRICS

OFFICE FINANCIAL POLICY

Below is our revised 2025 office financial policy. Watchung Pediatrics' goal is to communicate clearly and comprehensibly with our families. Please read this carefully and do not hesitate to ask questions to a member of our staff.

OFFICE VISITS

1. Upon arrival, please check in at the front desk and present your current insurance card at every visit. It will be scanned into your child's chart. This is your designation of the correct insurance plan and consent to bill them on your child's behalf. If the insurance company that you designated is incorrect, you will be responsible for payment of the visit and submitting the charges to the correct plan.
2. If your insurance company requires a primary care physician (PCP), your card must include either the name of one of our physicians, "Watchung Pediatrics" or our phone number. If your insurance company has not been informed of this information, you may be responsible for payment of this visit. Our front desk staff can help you call the insurance company at the time of visit if this information is missing.
3. If our physicians do not participate in your insurance plan, payment in full is expected at the time of service. For scheduled appointments, any balance must be paid prior to the visit.
4. If you have no insurance, payment is expected at the time of the visit. We offer a discounted fee schedule that we will share with you in advance of your child's office visit.
5. According to your insurance plan, you are responsible for any and all co-payments, deductibles and co- insurances, Co-pays are due at the time of service.
6. If you have secondary insurance, we will submit a claim on your behalf, as long as you have provided your correct insurance information. Your secondary insurance will send the reimbursement check directly to you. You are responsible for forwarding payment for any balance on your account.
7. Before scheduling your child's annual physical, please verify with your insurance whether an annual physical exam is covered, and if they require one per calendar year, or only after 365 days from the previous year's physical. Also check if they pay for vision and hearing screening. It is your responsibility to know your insurance benefits, and you will be responsible for all noncovered charges.
8. Your child's annual physical exam provides a chance for both you and the provider to discuss all issues related to your child's physical and mental health, medications, school performance, social issues and parenting issues. As a result of the scope of topics reviewed at the physical exam, your insurance company may require you to be partially or completely responsible for an additional acute visit charge or a copay or coinsurance.
9. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of receipt of your bill. The statements include an Explanation of Payment from your insurance company the first time the charge is billed. Please retain It for your records because there is a **$10** processing fee for additional copies of insurance statements.
10. All patients require a credit card on file, this includes High Deductible Health Plans. This can be either the HSA debit/credit card or a personal credit card.
11. If previous arrangements have not been made with our Finance Office, any outstanding balance greater than 28 days will be charged a **$10** re-bill fee. Any balance over 90 days will be forwarded to a collection agency.
12. There Is an additional charge if your child is seen on a Saturday, Sunday, holiday or after 5pm. If the charge is denied by your insurance company, you will be responsible for the payment**. (This includes all Office or Telemedicine visits, PE's, Acute visits, Lactation consults, Consults, Behavioral Health visits/coordination of care, Nutrition visits, and immunization visits,)**
13. We require 24 hours' notice for canceling any appointments. There is a **$75** charge for weekday appointments and a **$100** charge for Saturday appointments if they are not cancelled OR if 24-hour notice is not given, **(This includes all Office or Telemedicine visits, PE's, Lactation consults, Consults, Behavioral Health visits/coordination of care and Nutrition visits)**
14. A **$50** fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
15. A **$10 processing fee (or service fee)** will be charged in addition to your co-pay if the co-pay is not paid at the time of service or by the end of the next business day.

REFERRALS

1. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see In-network specialists, if preauthorization is required prior to a procedure and what services are covered.
2. Advance notice is needed for all non-emergent referrals, typically 3-5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must approve referrals before being issued.

MEDICAL RECORDS

1. We charge **$1 per page,** per child, to copy medical records. When records are mailed by our office to a new pediatrician, there is a maximum charge of **$50** per child.
2. You can download and use the patient portal for most relevant information for your child's specialist or new physician. This includes summaries of office visits, immunization records, growth charts, labs and specialists' reports. These can be accessed and printed at no cost.
3. If your child has school forms, camp forms, sport forms etc. to be completed, effective 6/1/2024, there is a **$15 charge per form**. Payment is due when the forms are dropped off. We have a 3-5-day turnaround time for forms. If a form is needed before 3 days, there is an **additional $5 "RUSH" fee.**
4. Not all services provided by our office are covered by every plan. Any service determined not covered by your plan will be your responsibility.

BEHAVIORAL HEALTH SERVICES

1. The Behavioral Health team and your medical provider will work together to address your child's behavioral health needs, A brief Initial Intake session in person or via zoom or phone will help the Team and the parents decide the best course of treatment. If short term therapy is appropriate, your child can be scheduled at Watchung Pediatrics with one of our social workers. If long term counselling is deemed necessary, the team will help the parents identify the best therapist or psychiatrist to treat your child outside of our practice.
2. Basic behavioral health information will be added to your child's chart and subject to the same rules of confidentiality and privacy. If you have specific questions, please discuss this with your behavioral health or medical care provider.
3. The behavioral health providers accept the same insurances as your medical provider. You may receive explanation of benefits statements noting office visits and/or coordination of care. Please refer to number 5 for patient responsibilities.
4. Please be aware that you must call to cancel an appointment at least 24 hours before the time of the appointment. Please refer to number 13 for additional information.

I have read and understand the above Office Financial Policy and agree to comply with and accept the responsibility for any payment that becomes due as outlined above.

Patient Name	Date of Birth
Sibling 1 Name	Date of Birth
Sibling 2 Name	Date of Birth
Sibling 3 Name	Date of Birth
Sibling 4 Name	Date of Birth
Responsible Party Member's Name	Relationship
Responsible Party Member's Signature	Date

WATCHUNG PEDIATRICS

Confirmation Preference

Watchung Pediatrics now has the ability to confirm your children's appointment via email, text, or phone call. Please select **ONE** of the following options:

☐ Email		
☐ Text Phone #		
☐ Phone Call		☐ Home ☐ Cell ☐ Work

Contact Name	
Print Name of Eldest Child	Birth Date

Patient Portal

For patients under 18, we now have the ability for you to access some of your children's health information and vaccine record online. We will enroll you in our patient portal, please indicate whomever should have access below.

Parent 1 Name		Parent 2 Name	
Parent 1 Email		Parent 2 Email	
Parent 1 Phone #		Parent 2 Phone #	

How Did You Hear About Us?

(Check all that apply)

☐ Newspaper – Which one?	
☐ Internet – Which Site?	
☐ Watchungpediatrics.com	
☐ Friend – Who?	
☐ Family Member – Who?	
☐ Employee – Who?	
☐ Doctor – Who?	
☐ Childcare Center – Which one?	
☐ Drive by office:	☐ Warren ☐ Fanwood ☐ Millburn
☐ Facebook	
☐ Twitter	
☐ Other	

WATCHUNG PEDIATRICS

Authorization to Release Information

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive the information may no longer be protected by federal privacy regulations and that it may be re- disclosed by the recipient.

Patient (s) Name(s) and Dates of Birth:	
Organization Providing the Information	Phone#

Organization(s) or Person(s) Receiving the Information *(Select One)*

☐ Watchung Pediatrics
76 Stirling Rd, Ste 201
Warren, NJ 07059
Phone: 908-755-5437
Fax: 908-755-6905

☐ Watchung Pediatrics
346 South Ave, Ste 3
Fanwood, NJ 07023
Phone: 908-889-8687
Fax: 908-889-0047

☐ Watchung Pediatrics
225 Millburn Ave, Ste 301
Millburn, NJ 07041
Phone: 973-376-7337
Fax: 973-218-6647

Specific Description of Information Disclosed: Complete Medical Records

To the extent any of the following information is contained in my records being released, I specifically authorize the release of such information purposes indicated below by initialing before each category:

Initials:		HIV/AIDS testing, test results; treatment and related information including high risk behavior documented:
Initials:		drug and/or alcohol diagnosis: treatment, test results, reports and referral information;
Initials:		mental health treatment information. test results and reports including psychological and psychological and psychiatric studies, reports, evaluations and referral information; and/or
Initials:		information regarding sexually transmitted diseases;
Initials:		genetic testing, test results, counseling reports, treatment, and referral information.

You must read and initial the following statements:

1. I understand this Authorization will expire one year from date below OR on _____ . This allows the disclosing office to forward any information received to my new provider without requiring a new authorization form to be completed.

   Initials: ☐

2. I understand that I may revoke this Authorization at any time by notifying the disclosing office's Privacy Officer in writing, but if I do, it will not have any effect on any actions they took before they received the revocation.

   Initials: ☐

Signature of Patient or Representative and Relationship	Date

You may refuse to sign this authorization. We cannot condition treatment on your signing this Authorization.

WATCHUNG PEDIATRICS

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entitles that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination or referral to a specialist
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. An example of this would be sending a bill for your visit to your insurance company for payment
- Health Care Operations include the business aspects of running our practices, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may interest to you.

Any other uses and disclosures will be made only with your written authorization. **This includes the completion of physical exam forms for schools, and faxing immunization records to any other entity but you, unless the attached authorization form is completed and signed.** You may revoke such authorizations in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosers to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and receive a copy of your protected health information. There is a fee involved with this service.
- The right to amend your protected health information.
- The right to obtain a paper copy of this notice from us upon request.
- We are required by law to obtain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 1, 2012 and we are required to abide by the terms of the Notice of Private Practices currently in effect. We reserve the right to change the terms of our Notice of Private Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Private Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our privacy Complaint Officer. You may also file a complaint with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information. For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
(202) 619-0257, Toll Free: 1-877-696-6775

WATCHUNG PEDIATRICS

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908-889-0047 (fax)

OFFICE VACCINE POLICY

At Watchung Pediatrics, we pride ourselves on providing comprehensive, compassionate, and state-of-the-art quality care to our patients in the communities that we are proud to serve. We truly believe that vaccinating children and teens to prevent them from acquiring life-threatening diseases is one of the most important services that we offer to our patients. Simply put, vaccines save lives.

Caregivers may feel that the decision to immunize their child is a personal one and they should not be required to immunize. However, the decision not to immunize affects not just the health of an individual child, but the health and well-being of other children and adults. All decisions have risks and benefits associated with them. The decision not to immunize a child requires parents to accept the risk that their child, or others, could suffer the crippling or deadly effects of a vaccine-preventable disease. As health care providers, we know based on the medical data that the benefits of immunizing children and adolescents far outweighs any perceived or unproven risks of harm. Vaccines produced today are safer and more effective than they have ever been. There is very solid, reliable medical evidence that vaccines do not cause Autism or any other developmental disabilities. Vaccines also don't contain any harmful toxins.

Some caregivers may also feel that polio, tetanus, whooping cough, meningitis, measles, mumps, rubella, and varicella are rare diseases that their child is unlikely to come in contact with, so they are “safe” in declining vaccinations. However, vaccination programs only work well when as many people as possible in a community are immunized. This is called “herd immunity” and it protects children and adults who are unable to receive the vaccines because they are too young, too old, or have weakened immune systems. In order for herd immunity to work effectively, 90% of people in a community must be vaccinated. Because of the refusal and delay in giving life- saving vaccines to children, herd immunity in our country has dipped dangerously below 90%, putting everyone at risk of illness or death.

Because we feel that Watchung Pediatrics has an important responsibility to protect our families and communities from vaccine-preventable diseases, we can't accept the risk that unimmunized or under-immunized children or teens pose to other children and their families in our practice and in our communities. Therefore, we have used the available information and guidelines from the Academy of Pediatrics (AAP) and the Center for Disease Control (CDC) to guide in the development of our own Watchung Pediatrics Vaccine Guidelines and Policy. This is consistent with what many other pediatric practices across the country are doing because of the recent return of deadly vaccine-preventable diseases. By enforcing its vaccine policy, Watchung Pediatrics does not discriminate against any religion or group. Furthermore, there are no religions that prohibit the vaccination of children and teens.

We want to assure you that it is completely fine to give multiple or combination vaccines at the same office visit. This is because the reactivity of the individual vaccines is a tiny fraction of what a child's immune system would be faced with if it were exposed to the actual diseases. Because we understand that despite the medical evidence and our assurances, some caregivers may still be skeptical about giving multiple vaccines at an office visit, we do try to accommodate our few families who want to give less than the recommended vaccines per visit. However, to be clear, this concession has no medical benefit whatsoever and delaying vaccines dangerously affects the herd immunity and puts children, adolescents, and adults at an increased risk of illness. In addition, separating the vaccines into multiple visits causes unnecessary additional pain to children and teens. In addition, Watchung Pediatrics will accept delays of vaccine administration only if they are within the “window” period of the Watchung Pediatric Vaccination Guidelines and Policy.

Our policy states:

1. We utilized the immunization schedule that is recommended by the American Academy of Pediatrics (AAP) and the Center for Disease Control and Prevention (CDC) to guide in the development of our own Watchung Pediatrics Vaccine Guidelines and Policy. All children must receive all vaccines as per the Watchung Pediatrics Vaccine Policy.
2. The Watchung Pediatrics Policy is to be discussed at the newborn visit. If the parents need time to read and discuss the policy they may do so. If parents choose to waive the signing of the policy at the newborn visit the Watchung Pediatrics Policy **MUST** be signed when the patient returns for the 2 week old visit, no further time accommodations are to be made. Failure to sign the Watchung Pediatrics Vaccination Policy by the 2 week old visit **WILL** result in dismissal from the practice.
3. If you are a new patient transferring to our practice or an existing patient that has not had the discussion of our vaccine policy, it will be discussed at your visit. If parents choose to waive the signing of the policy at that visit, the Watchung Pediatrics Policy **MUST** be signed within 2 weeks of the visit and failure to sign **WILL** result in dismissal from the practice.
4. All children **MUST** begin receiving vaccines by age 1 month.
5. All parents who do not follow the exact Watchung Pediatric Guidelines must sign a waiver that they are utilizing an alternate vaccine schedule, approved by a physician or nurse practitioner and completed at the time of the visit.
6. If a caregiver elects to give less than the recommended number of vaccines at a visit, a schedule must be agreed upon with the provider. The child must return to the office following that schedule and stay within the recommended “window” for the vaccines. Delayed vaccines must be completed prior to the age of the next recommended Well Visit. Failure to do so will result in dismissal from the practice. A follow up vaccine only appointment **MUST** be made when leaving the office after a child's checkup.

7. Failure to **MAKE** the appointments listed, or failure to **KEEP** the schedule listed will result in dismissal. Deviations to the schedule or cancelling appointments will only be allowed if there is appropriate documentation of extenuating circumstances or medical care received for moderate/severe illness at which time vaccines were not recommended.
8. In the event that a parent or guardian agrees to a vaccine administration and then the parent or guardian changes their decision to vaccinate, but the vaccine was already prepared for administration and drawn out of the vial, the parent or guardian will be financially responsible for the price of the vaccine as it would not be covered by insurance.
9. Patients who are on an alternate vaccination schedule **WILL NOT BE ALLOWED TO BE SEEN DURING WALK- IN HOURS**. Patients will only be seen during scheduled sick times. This is for the safety of the rest of our patients and office staff**.**
10. Failure to complete **ALL** vaccines listed below as mandatory by the Watchung Pediatrics Vaccine Guidelines and Policy will result in dismissal. If on an alternate vaccine schedule failure to complete vaccines by the pre determined date will result in dismissal.
11. In order to make the alternate schedule clear to providers, staff and caregivers, and to minimize vaccine administration errors, providers will enter “refused vaccine” into a patient's EHR immunization record if they didn't get the recommended vaccines on that day.
12. Caretakers who do not agree with the Watchung Pediatrics vaccine policy and do not plan on immunizing their children within the time frame specified will be given a 1-month grace period to find another pediatric practice.

Watchung Pediatrics has a few additional guidelines for some specific vaccines:

1. The first dose of Hep B must be completed by 1 month of age.
2. The Influenza vaccine is strongly recommended for all children and teens age 18 or younger. It is mandatory for all children in a state-licensed daycare centers and preschools.
3. The Gardasil vaccine is an anti-cancer, three-dose vaccine series (two-dose series if started before 15 years old) which is strongly recommended for older children and teens. Research shows that it is most effective when given during the preteen/early teen years (11-13).

Our providers welcome discussion about our Watchung Pediatrics Vaccine policy with any of our families. We hope that you understand that we have devised our policy in order to protect children, their families and our communities from dreadful diseases and potential death by administering safe and effective vaccines in a reasonable, organized and practical way.

Watchung Pediatrics Vaccine Recommended Guidelines

Patient Age	Vaccines required at corresponding ages
Newborn	Hepatitis B
1 month	Hepatitis B
2 month	Pentacel (DTap, IPV HIB), Pneumococcal, Rotavirus
4 month	Pentacel (DTap, IPV HIB), Pneumococcal, Rotavirus
6 month	Pentacel (DTap, IPV HIB), Pneumococcal, Rotavirus
9 month	Hepatitis B
1 year	MMR, Varicella, **Hepatitis A*
15 month	Pentacel, Pneumococcal

Patient Age	Vaccines required at corresponding ages
18 month	**Hepatitis A*
4 years	MMR Varicella
5 years	DTaP IPV
11 years	Tdap, Meningococcal ACYW
11-15 yo	**HPV 2 dose before 15 yo 6mo apart*
15 yo	**HPV 3 dose 1-2 -2 month, 2-3 -6 month from dose 1- 12 weeks from dose 2*
16 yo	Meningococcal ACYW
17 yo	**Meningococcal B 2 dose 6 mo-1 year apart*

**Not Mandatory*

All other vaccines listed above are mandatory and required for all patients at Watchung Pediatrics. Other vaccines not listed that are recommended but not mandatory are the Influenza vaccine, the COVID-19 Vaccine Booster, and for newborns the Beyfortus RSV Vaccine.

For further information in regards to vaccines please visit www.immunize.org

You Must Provide Patients with Vaccine Information Statements—It's the Law!
Explains VIS legal requirements, where to find them, and dates of current VISs. (PDF)

WATCHUNG PEDIATRICS

Immunization Policy Agreement

It is the policy of Watchung Pediatrics that all children who come to our practice for care receive all immunizations that are required to be given according to the schedule put forth by the American Academy of Pediatrics. We are unable to provide care to families who do not follow the required schedule. We will be happy to answer any questions you may have, however, there are no exceptions to this policy without valid medical contraindication.

Watchung Pediatrics believes that immunizations are of vital importance in the health of children individually and the population as a whole. By signing below, I acknowledge the immunization policy of Watchung Pediatrics and agree to have my child immunized according to their schedule.

Patient Name	Date of Birth
Parent(s) Name	
Signature	Date
Provider Signature	

WATCHUNG PEDIATRICS

Auto Pay Consent and Enrollment

Parent Acct #	Parent Name

I authorize Watchung Pediatrics to charge my credit card for any patient responsibility amount after claims are submitted and processed by my insurance. These balances may include:

- Copay at time of service
- Deductible, coinsurance, or non-covered services
- Any unpaid balance over 30 days

By signing below, I acknowledge and agree with the following:

- I agree to provide and allow Watchung Pediatrics to charge my HSA debit/credit card or my personal credit card provided upon receipt of my insurance EOB.
- I understand Watchung Pediatrics will not alter my child(ren)'s treatment plan due to possible charges incurred.

Cardholder's Signature	Today's Date

Patient(s) First Name	Patient(s) Last Name	
Cardholder's First Name	Cardholder's Last Name	
Cardholder's Address		
City	State	Zip Code
Credit/Debit Card Number	Exp. Date	
Please check one ☐ VISA ☐ MASTERCARD ☐ DISCOVER	CVV Code	
Email Address		

Mark:

☐ **Allow 4 weeks to pay via alternate method. If unpaid at 30 days, charge my credit card on file.**