

Patient Responsibility Agreement



SUBURBAN PEDIATRICS
Phone: (716) 565-9030 | Fax: (716) 565-9038
www.suburbanpediatrics.com

PATIENT NAME: _____

DATE OF BIRTH: _____

We request that you assist us with the following:

- 1. Demographic Information.** It is your responsibility to provide accurate and up-to-date personal information to our office no less than annually, and also when any changes occur. Required demographic information includes a reliable residential address (not a P.O. Box) for the patient as well as reliable residential information for both parents if not residing at the same address; current telephone numbers for both parents; an emergency contact and telephone number of someone not residing with you; and a current reliable email address. An individualized form for each child is required.
- 2. Insurance Information.** It is your responsibility to provide accurate and up-to-date medical insurance information and to notify us immediately of any changes in your insurance coverage. Please note that you are personally responsible for all charges incurred. To the extent that you fail to provide timely or accurate insurance information that results in non-payment for services, or your insurance denies coverage, you will be invoiced directly and payments are expected within 30 days.
- 3. Payments.** You are responsible for, and expected to promptly pay all copayments, coinsurance payments, or unpaid deductibles at the time service is provided. The person bringing the patient in is responsible for payment. Failure to pay at the time service is provided will result in a billing fee of \$15 to cover the cost of a statement being sent to you.
- 4. Appointments.** We ask that you cancel any appointment you must change with at least 24 hour notification to our office. No-show appointments are very costly to everyone – we staff based on schedule needs and we can't see other patients who may need or want a visit at that time. Therefore, we have implemented a \$50 charge for any visit not canceled with enough notice to use that appointment slot. This means that for each patient that does not come as scheduled, a \$50 fee will be charged.
- 5. Medical Care.** Our medical providers want to provide the best possible care for your child. There may be times when the standard of care or the physician's medical judgment determines that your child needs a service or test that may not be covered by your insurance carrier. The office will make every effort to notify you when we are aware of possible coverage issues. Unfortunately, we are unable to know which insurance carriers may deny services usually covered OR services that the physician or medical provider feels are necessary for your child. You agree to be responsible for payment of any/all non-covered services rendered by Suburban Pediatrics' physicians or medical staff.
- 6. Forms.** We will provide each patient with a Health Assessment Form (HAF) at the end of their annual well visit. This form is good for one year from the date of the exam and can be used for most school, sports and camp activities. Any additional forms, special forms or motor vehicle accident forms will be completed at a charge of \$10 per form.



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7. **Past-Due Accounts.** It is your responsibility to keep your account current with Suburban Pediatrics. A billing fee of \$15 will be added to all accounts that must be re-billed. In addition, should your account remain unpaid, it will be flagged for non-payment and you will not be able to schedule appointments until arrangements have been made to clear your outstanding balance. Any account that remains unpaid past 30 days will accrue interest at the rate of 8% per annum.
8. **Collections.** If you fail to make any payment when due, Suburban Pediatrics reserves the right to refer your account to a third party for collection. You will be responsible for all costs associated with collection, including reasonable attorneys' fees.

FINANCIAL/PATIENT RESPONSIBILITY. I have read the above and understand and accept the terms of patient responsibility. I understand that, in the case of non-payment, I will be responsible for any and all collection fees and or attorneys' fees.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Witness

Date

Starting Solid Foods



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WHEN CAN MY BABY BEGIN SOLID FOODS?

The following are some guidelines from the AAP book **Nutrition: What Every Parent Needs to Know**.

Remember that each child's readiness depends on his own rate of development.

- **Can he hold his head up?** Your baby should be able to sit in a high chair, feeding seat, or infant seat with good head control.
- **Does he open his mouth when food comes his way?** Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.
- **Can he move food from a spoon into his throat?** If you offer a spoon of rice cereal and he pushes it out of his mouth and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. It's normal. Remember, he's never had anything thicker than breast milk or formula before, and this may take some getting used to. Try diluting it the first few times, then gradually thicken the texture. You may also want to wait a week or two and try again.
- **Is he big enough?** Generally, when infants double their birth weight (typically at about 4 months) and weigh about 13 pounds or more, they may be ready for solid foods.

NOTE: The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire. Check with your child's doctor about vitamin D and iron supplements during the first year.

HOW DO I FEED MY BABY?

- Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is?"). Your baby may not know what to do at first. She may look confused, wrinkle her nose, roll the food around her mouth, or reject it altogether.
- One way to make eating solids for the first time easier is to give your baby a little breast milk and/or formula first, then switch to very small half-spoonfuls of food, and finish with more breast milk and/or formula. This will prevent your baby from getting frustrated when she is very hungry.
- Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.
- Do not make your baby eat if she cries or turns away when you feed her. Go back to nursing or bottle-feeding exclusively for a time before trying again. Remember that starting solid foods is a gradual process and at first your baby will still be getting most of her nutrition from breast milk and/or formula.

NOTE: Do not put baby cereal in a bottle because your baby could choke. It also may increase the amount of food your baby eats and can cause your baby to gain too much weight. However, cereal in a bottle may be recommended if your baby has reflux. Check with your child's doctor.

WHICH FOOD SHOULD I GIVE MY BABY FIRST?

- For most babies it does not matter what the first solid foods are. By tradition, single-grain cereals are usually introduced first. However, there is no medical evidence that introducing solid foods in any particular order has an advantage for your baby.
- Though many pediatricians will recommend starting vegetables before fruits, there is no evidence that your baby will develop a dislike for vegetables if fruit is given first. Babies are born with a preference for sweets, and the order of introducing foods does not change this.
- If your baby has been mostly breastfeeding, he may benefit from baby food made with meat, which contains more easily absorbed sources of iron and zinc that are needed by 4 to 6 months of age. Check with your child's doctor.
- Baby cereals are available premixed in individual containers or dry, to which you can add breast milk, formula, or water. Whichever type of cereal you use, make sure that it is made for babies and iron-fortified.



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WHEN CAN MY BABY TRY OTHER FOOD?

Once your baby learns to eat one food, gradually give him other foods. Give your baby one new food at a time, and wait at least 2 to 3 days before starting another. After each new food, watch for any allergic reactions such as diarrhea, rash, or vomiting. If any of these occur, stop using the new food and consult with your child's doctor.

Generally, meats and vegetables contain more nutrients per serving than fruits or cereals. Many pediatricians recommend against giving eggs and fish in the first year of life because of allergic reactions, but there is no evidence that introducing these nutrient-dense foods after 4 to 6 months of age determines whether your baby will be allergic to them.

Within a few months of starting solid foods, your baby's daily diet should include a variety of foods each day that may include the following:

- ✓ **Breast milk and/or formula**
- ✓ **Meats**
- ✓ **Vegetables**
- ✓ **Eggs**
- ✓ **Cereal**
- ✓ **Fruits**
- ✓ **Fish**

NOTE: If you make your own baby food, be aware that home-prepared spinach, beets, green beans, squash, and carrots are not good choices during early infancy. They may contain large amounts of nitrates. Nitrates are chemicals that can cause an unusual type of anemia (low blood count) in young babies. Commercially prepared vegetables are safer because the manufacturers test for nitrates. Peas, corn, and sweet potatoes are better choices for home-prepared baby foods.

WHEN CAN I GIVE MY BABY FINGER FOODS?

Once your baby can sit up and bring her hands or other objects to her mouth, you can give her finger foods to help her learn to feed herself. To avoid choking, make sure anything you give your baby is soft, easy to swallow, and cut into small pieces. Some examples include:

- ✓ **Small pieces of banana**
- ✓ **Well-cooked chicken finely chopped**
- ✓ **Wafer-type cookies or crackers**
- ✓ **Well-cooked and cut up yellow squash, peas, and potatoes**
- ✓ **Scrambled eggs**
- ✓ **Well-cooked pasta**

At each of your baby's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. Limit giving your baby foods that are made for adults. These foods often contain more salt and other preservatives.

If you want to give your baby fresh food, use a blender or food processor, or just mash softer foods with a fork. All fresh foods should be cooked with no added salt or seasoning. Though you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any food you do not use, and look for any signs of spoilage before giving it to your baby. Fresh foods are not bacteria-free, so they will spoil more quickly than food from a can or jar.

NOTE: Do not give your baby any food that requires chewing at this age. Do not give your baby any food that can be choking hazards, including hot dogs (including meat sticks [baby food "hot dogs"]); nuts and seeds; chunks of meat or cheese; whole grapes; popcorn; chunks of peanut butter; raw vegetables; fruit chunks, such as apple chunks; and hard, gooey, or sticky candy.

WHAT CHANGES CAN I EXPECT AFTER MY BABY STARTS SOLIDS?

When your baby starts eating solid foods, his stools will become more solid and variable in color. Because of the added sugars and fats, they will have a much stronger odor too. Peas and other green vegetables may turn the stool a deep-green color; beets may make it red. (Beets sometimes make urine red as well.) If your baby's meals are not strained, his stools may contain undigested pieces of food, especially hulls of peas or corn, and the skin of tomatoes or other vegetables. All of this is normal.



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Your baby's digestive system is still immature and needs time before it can fully process these new foods. If the stools are extremely loose, watery, or full of mucus, however, it may mean the digestive tract is irritated. In this case, reduce the amount of solids and introduce them more slowly. If the stools continue to be loose, watery, or full of mucus, consult your child's doctor to find the reason.

GOOD EATING HABITS START EARLY

- It is important for your baby to get used to the process of eating—sitting up, taking food from a spoon, resting between bites, and stopping when full. These early experiences will help your child learn good eating habits throughout life.
- Encourage family meals from the first feeding. When you can, the whole family should eat together. Research suggests that having dinner together as a family on a regular basis has positive effects on the development of children.
- Remember to offer a good variety of healthy foods that are rich in the nutrients your child needs. Watch your child for cues that he has had enough to eat. Do not overfeed!
- If you have any questions about your child's nutrition, including concerns about your child eating too much or too little, talk with your child's doctor.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.