



Pediatric Associates of Alexandria

HealthPlex Office

6355 Walker Lane, Suite 401
Alexandria, VA 22310

Tel: (703) 924-2100
Fax: (703) 922-6067
Email: staff@pedsalex.com

Potomac Yard Office

3600 S. Glebe Rd. Suite 150
Arlington, VA 22202

Duke Street Office

2747 Duke Street
Alexandria, VA 22314

www.pedsalex.com
www.healthychildren.org

Dear Parents,

CONGRATULATIONS! We look forward to meeting you and your baby.

We are also pleased to be able to provide you with quality medical care that will promote the healthy growth and development of your baby.

Attached are some of our new patient registration forms for you to complete. Contact our office to schedule your first appointment, and our staff will give you access to our patient portal.

Through our patient portal, you will complete the remaining paperwork, which our staff will guide you through; additionally, you can view your child's entire medical records, send direct messages to triage nurses and schedule sick and well-check appointments.

Please arrive 20 minutes early for your initial appointments. We ask that parents/legal guardians bring their newborn to their initial visit. Scan the QR code to check our website for information on our hours, providers, etc.



For your newborn's first office visit, please bring:

- All paperwork given to you at the hospital - Discharge paperwork, hearing test
- Legal guardian's picture ID and insurance information/card

See you soon,

PAA Providers & Staff



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Billing Department
Tel: 703-778-5500

CREDIT CARD CONSENT FORM

Dear Patients,

This letter is to inform you of our updated billing practice regarding receiving patient payments. We now use a Credit Card Merchant Service called Open Edge, which gives us the ability to swipe your credit card, debit card, or health saving account card to accept payment in the office and have the number securely stored on a remote server with OpenEdge.

We want to assure you that our software has been thoroughly vetted according to the strict data retention rules required by the merchant processing system. The only information stored at our office in our secure, encrypted system, is the name on the card, the expiration date, and the last 4 digits of the card number.

We require your credit card information to be stored for future payment for some of the following reasons:

- **Your insurance company may not reimburse us for medical services or only make partial payment, because of the following:**
 - **Deductible has not been met for the current calendar year**
 - **Co-insurance may be applied to the charges**
 - **Service may be deemed as not a payable benefit for your plan.**
 - **Policy has terminated, or there is a gap in coverage.**
 - **Newborn has not been added to the policy and are not covered under parent’s benefits.**
- **You may have a copayment for medical services.**
- **You wish to set up a payment plan for a large balance on account.**

AUTHORIZATION

By signing below, I authorize Pediatric Associates of Alexandria, Inc. to keep a credit card on file for future payments and to charge all balances accrued on the patients listed below with the information saved. **Please be advised your card will be charged the amount on your statement within 5-7 business days of statement date.** I am aware that if any of my personal information has changed, I am responsible to notify Pediatric Associates of Alexandria, Inc. of the change(s) to ensure they have the most current information to contact me or process payment accurately.

*****PLEASE LIST ALL CHILDREN ON FORM*****

Name of Child(ren)	DOB	Acct #

Credit card information:

Cardholder Name: _____

Credit Card Number: _____ Exp Date: _____ CVV: _____

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____ Today’s Date: _____

I have reviewed and understand Pediatric Associates of Alexandria, Inc Financial Policy and Notice of Privacy Act