

Welcome to the ESD Pediatric Group

Thank you for choosing Englander, Sper & Drasnin, M.D.'s, Inc. (ESD Pediatric Group) as your child's healthcare provider. Our practice was established more than 50 years ago by a team of dedicated physicians. We take great pride in our ability to provide state of the art pediatric care to our patients and their families.

For your convenience we have put together this packet to help you become familiar with our office. This packet includes information about our office, a new patient information sheet, a brief medical history form, an authorization for treatment form and a release of medical records form. If you are transferring from another physician, the medical records release form should be completed and forwarded to your previous physician as soon as possible.

At your first appointment, please complete and bring the new patient information sheet and medical history form. Also be sure to bring your current insurance card.

Please arrive 15 minutes before your scheduled appointment so that all the necessary paperwork can be completed prior to seeing the physician. If you are unable to keep an appointment, please call the office as soon as possible.

In order to better serve our patients, we ask that you be familiar with your insurance coverage. For your convenience, included in this packet is the handout "Understanding your health insurance policy and payment practices".

Our payment policy is to collect the appropriate payment due from the patient at the time service is rendered. This may only be your co-payment, deductible and/or co-insurance, but we do ask for payment at the time of your visit. We accept all major credit cards.

Information about our physicians and office policies can be found on the Internet at www.esdpeds.com. Do not hesitate to call our office with any questions. The phone staff is available during regular business hours to handle any questions or concerns.

Again, thank you for choosing our team of physicians. We look forward to meeting your family in person.

Appointment date: _____ Time: _____