**Patient Application**

The Nemours International Medicine Program will review your child’s medical records and recommend the best care plan and course of treatment for your child at Nemours. In order to provide your child the safest and best care possible, please complete this packet, associated forms, and send the required documents. If you have questions please call 001-302-651-4993 or email us at InternationalMedicine@nemours.org.

**The following documents are required in order to proceed with a review of your child’s medical records.** Please indicate the documents that have been sent so we know when your application is complete. In order for us to respond promptly, we require all of the below documents to be sent. Without Medical Records, we cannot review your application

|  |  |
| --- | --- |
| ***Required Forms and Documents*** | ***Included (Yes or N/A)*** |
| 1. New patient Intake Form (included)
 |  |
| 1. Nemours EU Privacy Notice (included)
 |  |
| 1. Medical Records from Specialist
 |  |
| 1. Medical Imaging (x-rays, MRI, CT, PET scans) from the past 1 year – actual images, not reports
 |  |
| 1. Lab Results
 |  |
| 1. Pathology Reports
 |  |
| 1. Were lab reports, pathology reports, and imaging reports sent?
 |  |

**What Happens Next?**

What happens once we receive your child’s complete intake and medical records?

1. A Nurse Care Coordinator will review the medical records and determine if there are any further needs.
2. The Nurse Care Coordinator will discuss your child’s case with the clinicians/medical teams at Nemours and the medical team will determine if your child will benefit from coming to Nemours for evaluation and treatment.
3. If the medical team determines that your child should be evaluated and treated at Nemours they will provide, for the International Team, a proposed care plan.
4. A cost estimate will be developed from the proposed care plan and presented to the family for review.
5. If the family accepts the cost estimate, financial arrangements will be made based on insurance information and family’s preferred method of payment.
6. Nemours International Medicine will schedule appointments as appropriate and necessary doing our best to accommodate the family’s requested travel dates/itinerary.
7. Nemours will provide letters of medical necessity and other required documentation for embassies for visa application. Nemours will require copies of the passports of all requesting visas. Nemours does not issue visas.

***Please Note:*** Before appointments are confirmed and/or letters of medical necessity are issued, payment in full (100%) of estimated charges must be received by Nemours.

Once appointments and schedules are confirmed Nemours International Medicine will provide a formal appointment itinerary and appointment confirmation to each family. Nemours International Medicine will also assist with any concierge needs the family may have.

**New Patient Intake Form**

\*Denotes a Mandatory Field

**\*Today’s Date (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Patient Name:**

First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Patient Date of Birth:** (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Gender [ ]  Male [ ]  Female [ ]  Transgender

**\*Guardian/Parent 1:**

First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Date of Birth:** (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian/Parent 2:**

First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Patient’s Permanent Mailing Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Patient’s Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race [ ] Asian [ ]  Black [ ]  Latino [ ] White [ ]  Other Religious Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Physician:**

First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Mailing Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***What questions are you looking to have answered? What are your goals for treatment at Nemours?*** |
|  |
| ***What specialists would you like to evaluate your child? (you may not know and that is okay)*** |
|  |
| ***What is your child’s current diagnosis? (If any)*** |
|  |

**Payment Information:**

[ ]  Cash [ ]  Mastercard [ ]  Visa [ ]  American Express [ ]  Insurance

[ ]  Check [ ]  Wire Transfer [ ]  Embassy [ ]  Government Sponsorship

**Insurance Information:** if you have insurance please provide the following information.

Insurance Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Cardholder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth of Cardholder (MM/DD/YYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribers Name (Last, First, MI.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE ATTACH COPIES OF THE FRONT AND BACK OF YOUR INSURANCE CARD COVERING THE CHILD.***

**Concierge Services Requested:**

|  |  |  |
| --- | --- | --- |
| Please indicate if you request assistance with any of the following: | YES | NO |
| List of Accommodation Options |  |  |
| Transportation options (to/from the airport, to the hospital, rental cars, etc.) |  |  |
| A tour of the hospital |  |  |
| Information on the area and things to do |  |  |
| Banking |  |  |
| Religious Organizations/Services |  |  |
| Interpretation outside of the hospital |  |  |
| Please indicate any special needs/requests that the child/family may have: |
|  |

How did you learn of Nemours International Medicine Program?

[ ]  Internet [ ]  Embassy

[ ]  Insurance Company [ ]  Physician

[ ]  Advertisement [ ]  Personal Contact

[ ]  Other