Welcome to PKDHC! Our goal is to provide the best care possible in a professional and friendly environment.

Please review the following summary of our billing and payment policy:

Payment:
Payment is expected at the time of service unless other arrangements have been made. You are responsible for all fees associated with your care.

Insurance Information:
If we are billing your insurance, please provide the receptionist with your insurance information, including any updates or changes as they occur.

Co-Pays:
For physician visits, your co-pay will be collected at the time of service. You will be billed for any co-pay associated with the services listed below.

Anemia Management
Iron Infusions, Office anemia visits with medication injections

PKDHC Ultrasound
Kidneys, Fistula, Vessel Mapping

Nutrition Services
Consultations with the PKDHC Dietitian

PKDHC Access Center
Dialysis access procedures

Clinical Research
CKD and ESRD

Transplant Management
Referral to Transplant Center thru Immunosuppression maintenance and prevention of complications

Educational Services
Kidney Beginnings, Prevention, FAQ's, Modality

Insurance Coverage:
Insurance coverage does not guarantee full payment for services provided. You will be billed for any fees determined by your insurance plan to be your responsibility. If you would like information regarding your payment responsibility for any of the above services, including physician office visits, please contact our billing office at 602-997-1098. Our knowledgeable staff will be happy to answer your questions.

If we can assist you in any way, please do not hesitate to ask, and we thank you for choosing PKDHC for your medical care.

To Our Valued Patients:

Thank you for selecting our physician as your nephrology provider. An important part of your care plan is information regarding financial responsibility as it relates to your nephrology care. We would like to share with you our collection procedures regarding co-pay and co-insurance collection.

Contracted providers with your insurance company are contractually obligated to collect a portion of the payment from you. These portions could be any of three different types of payment:

Co-Pays
Network physicians with your payor are obligated to collect the co-pay at the time of service. Co-pays are associated with physician visits and are payable at the time of service.

CO-INSURANCE
In addition to co-pays, some payors have a co-insurance amount that is due as part of the service delivered. The amount of co-insurance due is based upon the individual policy for each patient.

Yearly Deductible
Some patients have a set yearly deductible in addition to co-pays, or co-insurance. This is an amount set by your insurance carrier. Charges that are applied to your deductible will be billed to you. We will not be able to determine the deductible amount due prior to your service. If you have questions regarding your deductible you will need to direct those to your insurance carrier.

Patient Portal
Our portal gives patients secure and convenient access to their health information. Patients can use the Patient Portal to view, download, and transmit their health information, and send secure messages to their provider.

We are committed to providing high quality care to our patients and strive to provide the best communication possible regarding our billing procedures.

Thank you for your cooperation in this matter. If you have any questions concerning this procedure, please do not hesitate to call our billing department at 602-997-1098.

Pediatric Kidney Disease and Hypertension Centers.

Pediatric Patient History

PATIENT NAME: **DOB:**

PREFERRED LANGUAGE: **INTERPRETER NEEDED?** ☐ **YES** ☐ **NO**

PHARMACY NAME/CROSSROADS:

PRIMARY CARE PHYSICIAN (PCP): **PHONE:**

PCP ADDRESS: **FAX:**

RACE/ETHNICITY	
RACE	☐African American ☐Asian ☐American Indian or Alaska Native ☐Caucasian ☐Hispanic or Latino ☐Native Hawaiian or Pacific islander ☐Unknown ☐Decline to answer
ETHNICITY	☐Hispanic/Latino ☐Not Hispanic/Latino ☐Decline to answer

MEDICATION ALLERGIES
Please list names of medications with specific allergy or reaction that you have experienced

DRUG NAME	**ALLERGY or REACTION**

Have you ever experienced a reaction when given X-ray dye or IV Contrast?
☐ No ☐ Yes please identify reaction:

FOOD ALLERGIES
Please list the foods with the specific allergy or reaction that you have experienced

FOOD	**ALLERGY or REACTION**

Please Bring A List Of Your Current Medications

NSAID HISTORY
Are you currently, or have you taken any of the following medications in the past?

☐ Advil	☐ Aleve	☐ Asprin/Ecotrin	☐ Baclofen
☐ Celebrex	☐ Celecoxib	☐ Ibuprofen	☐ Indomethicin
☐ Meloxicam	☐ Midol-IB	☐ Mobic	☐ Motrin
☐ Naprosyn	☐ Naproxen	☐ Toradol	

Tylenol and Extra Strength Tylenol are the medication of choice for pain management for people with Kidney problems.

PKDHC
Pediatric
Kidney Disease &
Hypertension Centers

MEDICAL HISTORY			
RENAL (KIDNEY)-HYPERTENSION-DIABETES			
Do you have a history of kidney disease? No ☐ Yes ☐ (check all that apply from below list)			
Name	**Date Diagnosed**	**Name**	**Date Diagnosed**
☐ Acute Renal Failure/Acute Kidney Injury		☐ Interstitial Nephritis	
☐ Anemia - Chronic		☐ Kidney Cyst (s)	
☐ Anemia – Iron Deficient		☐ Lupus Nephritis	
☐ Chronic Kidney Disease		☐Membranous Nephropathy	
☐ Cystic dysplasia		☐ Nephrolithiasis	
☐ End Stage Kidney Disease		☐ Nephrotic Syndrome	
☐ Glomerulonephritis - Chronic		☐ Polycystic Kidney Disease	
☐ Glomerulonephritis - FSGN		☐ Proteinuria	
☐ Glomerulonephritis - RPGN		☐ Renal Tumor	
☐ Hypertension/High Blood Pressure		☐ Solitary Kidney	
☐ IgA Nephropathy			
ENDOCRINE			
☐ Adrenal Gland Tumor		☐ Hyperparathyroidism	
☐ Diabetes Mellitus type 1		☐ Hyperthyroidism	
☐ Diabetes Mellitus Type 2		☐ Hypoaldosteronism	
☐ Hyperaldosteronism		☐ Hypothyroidism	
ELECTROLYTE (Salts/minerals) IMBALANCE			
☐ Hypercalcemia		☐ Hypokalemia	
☐ Hyperkalemia		☐ Hypomagnesemia	
☐ Hypermagnesemia		☐ Hyponatremia	
☐ Hypernatremia		☐ Hypophosphatemia	
☐ Hyperphosphatemia		☐ Metabolic disorder	
☐ Hypocalcemia			
HEART			
☐ Congenital heart disease		☐ Heart Murmur	
Name of Cardiologist:		☐Left ventricular hypertrophy	
VASCULAR			
☐ DVT/ Clotting Disorder			
Anticoagulant use?			
PULMONARY/LUNGS			
☐ Asthma			
☐ Obstructive Sleep Apnea			
☐ Tuberculosis			
☐ Valley Fever			
MEDICAL HISTORY (Continued on next page)			

Name	Date Diagnosed	Name	Date Diagnosed
GASTROINTESTINAL			
☐ GERD			
☐ Irritable Bowel Syndrome			
☐ Colon Ulcers/Colitis			
GENITOURINARY/UROLOGIC			
☐ Catheterization dependent		☐ Recurrent UTI's	
☐ Cystitis		☐ Incontinent of urine	
☐ Hematuria		☐ Vacterl association	
☐ Hydronephrosis		☐ Vesicoureteral reflux	
☐ Mitrofanoff		Name of Urologist:	
RHEUMATOLOGY			
☐ Erythematosus		☐ Scleroderma	
☐ Fibromyalgia		☐ Sjorgen's Syndrome	
☐ Gout		☐ Systemic Lupus	
☐ HIV		☐ Wegner's Granulomatosis	
☐ Rheumatoid Arthritis			
SKELETAL			
☐ Kyphosis		☐ Scoliosis	
☐ Osteopenia			
☐ Osteoporosis			
CANCER			
☐ Bladder		☐ Ovarian/Uterus/Cervix	
☐ Breast		☐ Pancreatic	
☐ Colon		☐ Renal	
☐ Lung		Other:	
OTHER			
☐ Genetic disorder			
☐ Hyperlipidemia			
☐ Obesity			
☐ Vitamin B Deficiency			
☐ Vitamin D Deficiency			
Other:			

SURGICAL HISTORY	
Name	**Date Of Surgery**
☐ Adenoidectomy	
☐ Adrenal Surgery	
☐ Any metal in body, where?	
☐ Appendectomy	
☐ AV Fistula	
☐ Bladder Augmentation	
☐ Bladder Surgery, Type:	
☐ Cancer Surgery, Type:	
☐ Cecostomy	
☐ Colostomy	
☐ Cystoscopy	
☐ Defibrillator AICD Implant	
☐ Eye Surgery	
☐ Gastrostomy Tube (G-tube)	
☐ Gastrojejunal tube (GJ tube)	
☐ Heart Transplant	
☐ Heart/ Cardiac Catheterization	
☐ Hemodialysis Catheter	
☐ Hernia Repair	
☐ Kidney Ablation	
☐ Kidney Artery Angioplasty	
☐ Kidney Biopsy	
☐ Lithotripsy	
☐ Liver Transplant	
☐ Mitrofanoff	
☐ Nephrectomy	
☐ Nephrostomy Tube	
☐ Open heart surgery	
☐ Orthopedic Surgery	
☐ Pacemaker	
☐ Parathyroid Surgery	
☐ Peritoneal Catheter	
☐ Percutaneous Coronary Intervention (PTCA)	
☐ Renal Artery Angiogram	
☐ Renal Transplant, ☐Living-related or unrelated, ☐cavdaveric/deceased,☐ left or right side, facility where transplant was performed:	
☐ Thyroid Surgery	
☐ Tonsillectomy	
☐ Ureteral Stent	
☐ Vascular Surgery	

PKDHC
Pediatric
Kidney Disease &
Hypertension Centers

DIET/ACTIVITY
Diet: ☐ Regular ☐ Vegan ☐ Vegetarian ☐ Carbohydrate ☐ Diabetic ☐ Cardiac ☐ Gluten Free ☐ Specific
Caffeine intake: ☐ None ☐ Occasional ☐ Moderate ☐ Heavy
Exercise Level: ☐ None ☐ Occasional ☐ Moderate ☐ Heavy
Do you play any Sports? ☐ Yes ☐ No If Yes, Which Sports?
What grade in school are you in?

SOCIAL HISTORY
Smoking Status: ☐ Passive smoke exposure: ☐ Yes ☐ No ☐ How many smokers live with you? _____ ☐ Current every day smoker: packs smoked per day _____ Year started: _____ ☐ Current some day smoker: packs per week _____ Year started: _____ ☐ Former smoker: Year started: _____ Years smoked: _____ Packs smoked per day _____ ☐ Never smoked ☐ Heavy tobacco user : Year started: _____ ☐ Light tobacco user: Year started: _____
Alcohol Use: ☐ No history of alcohol use ☐ Currently consume alcohol (provide quantity and frequency): _____ ☐ Former Drinker: Sober since: _____ Previous quantity and frequency: _____ ☐ Recovering alcoholic: Sober since: _____ Previous quantity and frequency: _____ ☐ Rehabilitation: Year treatment received for alcohol abuse:
Illicit Drug Use: ☐ No history of illicit drug use ☐ Current use: Type of drug _____ , frequency: _____ Dates/Years of use _____ ☐ Previous use: Type of drug _____ , frequency: _____ Dates/Years of use _____ ☐ Rehabilitation: Year treatment received for drug abuse:
Claustrophobic ☐ YES ☐ NO
Parents Marital status: ☐ Married ☐ Unmarried ☐ Divorced ☐ Widowed ☐ Separated
Do you live with: ☐ Both Parents ☐ Mother ☐ Father ☐ Relatives ☐ Adoptive parents ☐ Foster parents ☐ Other:

FAMILY HISTORY

Adopted Family History Unknown ☐

	Living	Deceased	Age at Death	Cause of Death
Father	☐	☐		
Mother	☐	☐		

Please indicate if a family member has/had any of the following:

	Father	Mother	Siblings	Children	Other (identify)
Diabetes:	☐	☐	☐	☐	☐
High Blood Pressure:	☐	☐	☐	☐	☐
Kidney Disease (stones/cysts/failure) Specify Type:	☐	☐	☐	☐	☐
Kidney Transplant:	☐	☐	☐	☐	☐
Dialysis (identify cause):	☐	☐	☐	☐	☐
Hematuria:	☐	☐	☐	☐	☐
Proteinuria:	☐	☐	☐	☐	☐
Bladder Surgery:	☐	☐	☐	☐	☐
Cancer (identify type):	☐	☐	☐	☐	☐
Other (specify):	☐	☐	☐	☐	☐

PKDHC has adopted standards for certain questions that have been asked in the forms contained in this packet. To help our patients better understand some of these standards the below information may be helpful.

The difference between Race and Ethnicity	
Race	Race is an indication of the heritage with which you were born, regardless of location or learned behavior. Race cannot be altered.
Ethnicity	Ethnicity is about the learned cultural behaviors celebrated throughout regions around the world. Ethnicity can be altered or mimicked through choice and beliefs.
Source: http://www.differencebetween.net/science/nature/difference-between-ethnicity-and-race	

Race Reference Guide	
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Smoking Status Reference Guide	
Current Every Day Smoker	An individual who has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes every day.
Current Some Day Smoker	An individual who has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes periodically, yet consistently.
Former Smoker	An individual who has smoked at least 100 cigarettes during his/her lifetime but does not currently smoke.
Never Smoker	An individual who has not smoke 100 or more cigarettes during his/her lifetime.
Smoker, Current Status Unknown	An individual who has smoked at least 100 cigarettes during his/her lifetime, but whether they currently still smoke is unknown
Unknown if Ever Smoked	Unknown if an individual has ever smoked
Heavy Tobacco Smoker	An individual who smokes more than 10 cigarettes per day, or an equivalent (but less concretely defined) quantity of cigar or pipe smoke. This option can also be selected to identify chewing tobacco use.
Light Tobacco Smoker	An individual who smokes less than 10 cigarettes per day, or an equivalent (but less concretely defined) quantity of cigar or pipe smoke. This option can also be selected to identify chewing tobacco use.
Source: Center for Disease Control (CDC) http://www.cdc.gov/nchs/nhis/tobacco/tobacco_recodes.htm	