



# Baby Pre-registration

Cottonwood Pediatrics is the **first and only** pediatric clinic in the region.  
We are the only pediatricians qualified to take care of your baby at NMC.

**Cottonwood Pediatrics**  
700 Medical Center Dr, Ste 150  
Newton, KS 67114  
P- 316-283-7100  
F- 316-283-7118

- Our doctors will see your baby within 24 hours of birth.
- Our services are **billed and paid separately from the hospital.**
- Complete and return this form **prior to delivery** to pay for your baby's hospital care.



Prior to baby's birth, complete and return this form to Cottonwood Pediatrics for a **FREE BABY GIFT BAG**  
One per baby. Supplies limited.

Due Date: \_\_\_\_\_  
 Mom's OB: \_\_\_\_\_  
 C-Section     Induction     Spontaneous  
 Siblings:  None     Yes; if so please list:  
 \_\_\_\_\_  
 \_\_\_\_\_



Select a follow-up provider for your baby's two-week appointment below



Jon Jantz, MD, FAAP



Alyssa Watkins, MD, FAAP, IBCLC



Tomica Blocker, MD, FAAP, PhD



Jessica Fisher, MD, FAAP



Maureen Entz, APRN, FNP-C, CPNP-PC



Tarina Gfeller, APRN, CPNP-PC

## Parent 1 Information

Name: \_\_\_\_\_  
First Middle Last  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  Unemployed

## Parent 2 Information

Name: \_\_\_\_\_  
First Middle Last  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  Address same as Parent 1  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  Unemployed

## Parent 1 Primary Insurance Information

Policy is same as Parent 2  
 Ins Company: \_\_\_\_\_  
 Group: \_\_\_\_\_ ID: \_\_\_\_\_  
 Policyholder relationship to baby: \_\_\_\_\_  
 Parent 1 is policyholder     Parent 2 is policyholder  
 Policyholder Name: \_\_\_\_\_  
First Middle Last  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  Address same as Parent 1  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  Unemployed

## Parent 2 Primary Insurance Information

Policy is same as Parent 1  
 Ins Company: \_\_\_\_\_  
 Group: \_\_\_\_\_ ID: \_\_\_\_\_  
 Policyholder relationship to baby: \_\_\_\_\_  
 Parent 1 is policyholder     Parent 2 is policyholder  
 Policyholder Name: \_\_\_\_\_  
First Middle Last  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  Address same as Parent 2  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  Unemployed

Do you have additional insurance that is not listed above or will baby be covered under a different plan? Continue to back. Be sure to attach a copy of your insurance card(s) for payment.

## Baby Pre-registration Continued...

Cottonwood Pediatrics  
P- 316-283-7100

### Parent 1 Secondary Insurance Information

Ins Company: \_\_\_\_\_

Group: \_\_\_\_\_ ID: \_\_\_\_\_

Policyholder relationship to baby: \_\_\_\_\_

Parent 1 is policyholder  Parent 2 is policyholder

Policyholder Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_  Address same as Parent 1

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_  Unemployed

### Parent 2 Secondary Insurance Information

Ins Company: \_\_\_\_\_

Group: \_\_\_\_\_ ID: \_\_\_\_\_

Policyholder relationship to baby: \_\_\_\_\_

Parent 1 is policyholder  Parent 2 is policyholder

Policyholder Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_  Address same as Parent 2

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_  Unemployed

### Will baby have a different policy than previously listed?

#### Additional Insurance Information

Ins Company: \_\_\_\_\_

Group: \_\_\_\_\_ ID: \_\_\_\_\_

Policyholder relationship to baby: \_\_\_\_\_

Parent 1 is policyholder  Parent 2 is policyholder

Policyholder Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_  Address same as Parent 1  
 Address same as Parent 2

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_  Unemployed



It is the **parent's responsibility** to add their child to an insurance policy **as soon as the child is born**. Please be aware, we are not able to bill newborn charges to a mother's KanCare policy.

If your baby is not insured, **expect to pay for your child's hospital care, or start a payment agreement prior to the two-month appointment.**

If your child's insurance is "pending" or "under review" by the two-month visit,

- you may need to reschedule your appointment.
- Cottonwood Pediatrics is not required and will not backdate insurance for services rendered after the child is two months of age.

**Do you need help paying  
for your child's care?**

We have a KanCare  
Enrollment Liaison to help  
you get KanCare.



Be sure to attach a copy of your insurance card(s) for payment.