



22q Center at Nationwide Children's Hospital Intake Form

Please complete this form to the best of your ability and return as soon as possible. Please call 614-722-6448 or e-mail 22q@nationwidechildrens.org with any questions or concerns.

Thank you!

22q Center at Nationwide Children's Hospital Intake Form

Child's Name		Today's Date	
Parent(s)/Guardian(s)		Child's DOB	Age
Address			
Phone		Parent's email	
Who is completing this form (name and relation to patient)			

**Please feel free to ask your child's doctor for help with filling out this form
or contact our 22q Center at 614-722-6448*

How did you hear about the 22q Center at Nationwide Children's Hospital?

<input type="checkbox"/> Hospital website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Another website	<input type="checkbox"/> Another 22q family	<input type="checkbox"/> Friend or family member
<input type="checkbox"/> Other (please specify)		

Has your child had genetic testing to confirm a diagnosis of 22q11.2 deletion syndrome (sometimes referred to as Velocardiofacial syndrome or DiGeorge syndrome)? ☐ Yes ☐ No

If not, does your child have 22q11.2 duplication syndrome? ☐ Yes ☐ No

If not, what other type of related 22q condition does your child have? _____

Who diagnosed your child with 22q11.2 deletion syndrome (or other condition noted above)?

<input type="checkbox"/> Neonatologist	<input type="checkbox"/> Geneticist	<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Other (please specify)			

Comments:

How was this genetic condition diagnosed? Include location where test was done.

<input type="checkbox"/> Microarray	<input type="checkbox"/> FISH test	
<input type="checkbox"/> Other (please specify)		

Age and/or date your child was diagnosed? _____

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Please identify and describe the clinical symptoms your child has had in the **past or present**:

<input type="checkbox"/> Heart condition	<input type="checkbox"/> Airway concerns	<input type="checkbox"/> Dental or orthodontic problems
<input type="checkbox"/> Immune problems or frequent infections	<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Hypernasal speech / Palate problems	<input type="checkbox"/> Speech/language delay	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Low calcium	<input type="checkbox"/> Needed to see a psychologist or psychiatrist?
<input type="checkbox"/> Feeding / Swallowing problems	<input type="checkbox"/> Bleeding problems	<input type="checkbox"/> Constipation
<input type="checkbox"/> Learning / Developmental concerns	<input type="checkbox"/> Small size for age	<input type="checkbox"/> GERD/ Reflux
<input type="checkbox"/> Other		

Has your child had difficulty falling asleep, staying asleep, maintaining a "normal" sleep schedule, or has pauses in breathing while asleep? If yes, please describe in detail below

Has your child ever experienced hearing or seeing things that weren't there? Is the patient currently taking any medications to treat mental health symptoms? If yes, please describe in detail below

What are your main concerns and things you would like to be addressed during your visit to the 22q Center at Nationwide Children's Hospital?

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Who is your child's Primary care provider / Pediatrician?

Primary care provider name	
Address	
Phone	FAX

Which of the following specialists has your child **already** seen?

Specialty	Provider Name and Location	Date Last Seen
Audiology		
Cardiology		
Cleft / Craniofacial Surgeon		
Colorectal		
Developmental Pediatrics		
Endocrinology		
Ear, Nose and Throat (ENT)		
Gastroenterology (GI)		
Genetics		
Gynecology		
Hematology		
Immunology		
Nephrology		
Neurology		
Neuropsychology		
Ophthalmology / Optometry		
Orthopedics		
Psychiatry		
Psychology / Counseling		
Pulmonary		
Rheumatology		
Sleep Medicine		
Speech / Language Pathology		
Urology		
Other (please specify)		

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Please list any therapies your child currently receives, including school therapies:

Therapy	Location(s)
<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Occupational	
<input type="checkbox"/> Behavioral	
<input type="checkbox"/> Feeding	
<input type="checkbox"/> Other (please specify)	

Does your child receive services and/or therapies through an IEP (Individualized Education Plan) or other academic assistance?

☐ Yes ☐ No

If yes, please describe the service and any information regarding your child's general level of developmental/academic functioning:

If yes, please describe the service and any information regarding your child's general level of developmental/academic functioning:

Has your child ever had intelligence (IQ), achievement, learning or other testing at school or outside of school (for example, neuropsychological or cognitive evaluation)?

☐ Yes ☐ No

If yes, please list date and location of testing:

Please list any surgeries that your child has had in the past:

[illegible]

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Please list any other hospitals or clinics that have cared for your child:

Hospital or Clinic	Location and Physician	Date

Which of the following tests has your child had in the past?

Test	Results/ Comments-include date and location completed
<input type="checkbox"/> Nasopharyngoscopy and/or <input type="checkbox"/> Speech Videofluoroscopy (for speech/ VPI concerns)	
<input type="checkbox"/> Neck MRI (carotid arteries)	
<input type="checkbox"/> Renal (Kidney) Ultrasound	
<input type="checkbox"/> C-spine Imaging	
<input type="checkbox"/> Calcium blood work	
<input type="checkbox"/> Thyroid blood work	
<input type="checkbox"/> Immune blood work	
<input type="checkbox"/> EKG	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Brain MRI or other brain imaging	
<input type="checkbox"/> Swallow study	
<input type="checkbox"/> Sleep Study (PSG)	
<input type="checkbox"/> Other (please specify)	

☐ Check here if your child has typically required Child Life services for procedures/blood draws in the past.

****Please complete a "Release of Medical Records" form and provide to your current physician(s) or hospital(s) so they may send copies of your child's medical records. Please include the completed "Release of Medical Records" form with this document and fax or mail to:**

22q Center / Plastic Surgery
Nationwide Children's Hospital
700 Children's Drive, Suite T2H
Columbus, OH 43205

Phone: 614-722-6448
Fax: (614)722-5826
Email: 22Q@nationwidechildrens.org

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Once we receive your child's medical records, our staff will review them and contact you to discuss the plan. After this discussion, you will be contacted to schedule appointments with the 22q Center at Nationwide Children's Hospital. This process can take up to 12 weeks to complete.

An appointment will not be scheduled until your child's medical records have been received and reviewed. The specific records that we will need to review are:

- ☐ Genetic test confirming the diagnosis of 22q11.2 deletion syndrome (or related 22q condition)
- ☐ Most recent medical reports from each specialty area
- ☐ Surgical reports (e.g., from past VPI surgeries, etc.)
- ☐ Lab reports
- ☐ Nasopharyngoscopy and/or Speech Fluoroscopy reports (for VPI/speech concerns) AND images/video file, if available
- ☐ Radiology reports
- ☐ Cognitive (e.g., IQ) testing and/or Neuropsychological reports
- ☐ From your child's Primary Care Provider:

Most recent well child visit report, Growth charts, Immunization records

In addition to your child's medical records, please plan to bring the following documents with you to your appointment.

- ☐ Individualized Education Plan (IEP) or 504 Plan
- ☐ Recent Speech-Language evaluations or therapy reports
- ☐ List of current medications
- ☐ List of allergies

Please note: It is the parent's responsibility to validate insurance coverage prior to your visit. Please contact your medical insurance provider to determine if Nationwide Children's Hospital is covered by your policy and if a referral is required. If you are having trouble, let us know and we will connect you with our Welcome Center, who may be able to help.

Out of State patients:

If you will be traveling from out of state, please contact the Welcome Center to receive help with lodging for your visit. Nationwide Children's Hospital has relationships with local hotels for discounts, or you may receive housing at the Ronald McDonald House, which is located within walking distance of the hospital.

The Welcome Center may be reached at (800) 619-9786 or (614) 355-9866 or via email at WelcomeCenter@Nationwidechildrens.org

Mandatory Insurance Coverage Verification

Please complete this form and send copies of insurance cards with this intake packet or e-mail them separately to 22q@nationwidechildrens.org

Insurance Provider		Subscriber's Name
Subscriber ID	Group Number	Group Name
Insurance Provider Phone Number	Insurance Provider Address	

Please contact your insurance company before scheduling a visit to inquire about coverage and benefits. Every insurance plan is different, so it is important that you understand your plan's coverage.

What you will need when calling your Insurance Company
Member ID Number, Child's Name & Date of Birth, Home Address

Nationwide Children's Hospital Tax ID number: 314379441

NPI number: 1134152986

Contact your insurance company at the Customer Service or Coverage and Benefits phone number listed on the back of your insurance card. Follow the prompts or tell the representative that you need Coverage and Benefits information for an office visit at Nationwide Children's Hospital. At this point in the intake process, you will not know which doctors your child will be seeing. However, confirming that Nationwide Children's Hospital is covered under your health plan is all you need to know.

QUESTIONS TO ASK YOUR INSURANCE COMPANY:

- *Is Nationwide Children's Hospital in network?*
 - ☐ Yes, Nationwide Children's Hospital is in network (participating provider.)
 - Your out-of-pocket cost is typically lower when staying in network.
 - Call reference number _____
 - ☐ No, Nationwide Children's Hospital is out of network (non-participating provider.)
 - Your out-of-pocket cost is typically higher. You may be responsible for up to 100% of payment.
 - Call reference number _____
- What is my deductible for the year? \$ _____
- How much has been met of my deductible? \$ _____
- If the deductible has been reached, what is my Coinsurance/Cost Share? _____
- What is my maximum out-of-pocket expense for the year? \$ _____

Questions about this form? - Please contact our department's insurance specialist at 614-722-1829.

GLOSSARY:

Covered Benefit: Services and supplies your health plan agrees to cover. There may be special rules or limits on certain types of care, while other types of care may not be covered at all. Covered benefits and excluded services differ from plan to plan.

CPT Code (Current Procedural Terminology): A CPT code is a five-digit number that is used to describe medical, surgical, radiology, laboratory, anesthesiology, and evaluation/management services of doctors, hospitals, and other health care providers.

Coinsurance/Cost Share: A health care cost sharing between you and your health insurance plan. For example, you pay 20% of costs and your plan pays 80%. These percentages differ from plan to plan.

Co-Pay: A set amount you pay for certain covered services such as office visits or prescriptions. Co-pays are usually paid at the time of service.

Deductible: The amount you owe before your health insurance plan begins to pay for covered medical expenses each year. For example, if your deductible is \$3,000, your plan will not pay anything until you have paid \$3,000 for covered services.

ICD-10 Code (International Classification of Diseases and Related Health Problems 10th edition): The ICD gives a special, unique code to every medical condition. This is also called a diagnosis code.

In-Network: A Provider (Nationwide Children's Hospital) has an agreement with the insurance company to provide care at a discount.

Medical Necessity: Insurance companies provide coverage only for health-related services that they determine to be medically needed. For example, they may not cover services considered cosmetic, experimental or investigational.

Out-of-Network: A healthcare provider (Nationwide Children's Hospital) does not have an agreement with the insurance company to provide care at a discount. The cost to you is typically higher when going out of network. Some insurance companies will only allow you to see an in-network provider.

Out-of-Pocket: Cost you must pay. Out of pocket costs (for example: deductibles, coinsurance, co-payments and some supplies or services) vary by plan, and each plan has a maximum out-of-pocket cost. When you reach the out-of-pocket maximum, insurance pays for 100% of your medical care for covered services.

Prior Authorization: Sometimes called prior approval or precertification. Your health insurance may require authorization for certain services before you receive them. If you do not get prior authorization, it may result in the service not being paid for by your insurance.

Pre-Determination: A review by your insurance company's medical staff to determine if a service is medically needed and appropriate for your needs. Health insurance companies may require patients to meet certain criteria before they will extend coverage for some procedures. Not all insurance companies will need pre-determinations for all services.

***Disclaimer:** An authorization or approval does not guarantee payment. Member must be eligible at the time of services. Services must be a covered Health Plan benefit and medically necessary with prior authorization as per Plan policy and procedures.