

## 22q Center at Nationwide Children's Hospital Intake – Adult (18 years and older)

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

### **Must include the following with your completed intake packet:**

- Detailed information on the year and location of genetic testing, or genetic testing report if in your possession
- Copies of insurance cards (the family is responsible for verifying insurance coverage, please see insurance worksheet at the end of this packet)
- Signed Release of Information to request records
- Court documents outlining guardianship or medical POA if applicable

***Please return forms via the following options:***

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](mailto:22Q@nationwidechildrens.org)

## 22q Center at Nationwide Children's Hospital Intake Form- Adult

Patient's Name		Today's Date	
Parent(s)/Guardian(s)		Patient's Date of Birth	Age
Address			
Phone		E-mail	
Who is completing this form (name and relation to patient)			
If someone other than the patient is completing this form:		Court Ordered Guardian <input type="checkbox"/>	Medical POA <input type="checkbox"/>

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 the patient 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 the patient have 22q11.2 Duplication Syndrome? ☐ Yes ☐ No

If not, what other type of related 22q condition does the patient have? \_\_\_\_\_

Who diagnosed the patient 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 the patient was diagnosed? \_\_\_\_\_

## 22q Center at Nationwide Children's Hospital Intake Form

Please identify and describe the clinical symptoms the patient 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 the patient 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 the patient 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?

## 22q Center at Nationwide Children's Hospital Intake Form

Who is the patient's Primary Care Provider / family doctor?

Primary care provider name and name of office:	
Address:	
Phone:	Fax:

***Do you need help finding a new PCP / family doctor as the patient enters adulthood?*** Yes ☐ No ☐

Which of the following specialists has the patient **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)		
Other (please specify)		

## 22q Center at Nationwide Children's Hospital Intake Form

Please list any therapies the patient currently receives, including school therapies if applicable:

Therapy	Location(s)
Speech/Language	
Physical	
Occupational	
Mental Health	
Other (please specify)	

Please list any surgeries that the patient has had in the past:

[illegible]

Please list any other hospitals or clinics that have cared for the patient:

[illegible]

## 22q Center at Nationwide Children's Hospital Intake Form

Which of the following tests has the patient had in the past?

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

☐ Check here if the patient has typically required Child Life Services or safety supports for procedures/blood draws in the past.

**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 assist with navigating insurance barriers.

### 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](mailto:WelcomeCenter@Nationwidechildrens.org)

Before finalizing flights, please review your travel itinerary with the 22q Center Nurse.

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**Nationwide Children's Hospital**  
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**Columbus, OH 43205**

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# 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](mailto: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.