

# Welcome To Our Practice!

## THE PEDIATRIC CLINIC, P.A.

940 HOLLY STREET NE

ORANGEBURG, S.C. 29115

PHONE: 803-536-2725 FAX 803-534-3118

E-mail: [thepediatricclinic@ntinet.com](mailto:thepediatricclinic@ntinet.com)

[www.thepediatricclinicorangeburg.com](http://www.thepediatricclinicorangeburg.com)

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your child's medical appointment date (if available): \_\_\_\_\_

The Pediatric Clinic looks forward to accepting your child into our practice.  
We accept the **First Choice/Select Health HMO Medicaid Plan**.

**My child is currently on First Choice/Select Health**

Call **1-888-276-2020** to change your PCP (Primary Care Provider)  
Instruct them to fax a "Change PCP" sheet to our office @ 803-534-3118  
We can begin to process your information now.

**My child is currently on regular Medicaid**

Call Maximus now **1-877-552-4642** to change to First Choice/Select Health.  
We can begin to process your information now.

**My child was just born and his/her mother has regular Medicaid**

Call Maximus now **1-877-552-4642** and request First Choice/Select Health.  
We will accept your child's Medicaid for *one month*.

**My child is currently on another HMO Medicaid Plan**

Call Maximus now **1-877-552-4642** to change to First Choice/Select Health.  
**NOTE:** If your child's change provider period is *beyond 90 days* you will **NOT**  
be able to change to First Choice/Select Health for **one year**.  
You will be responsible for any bills incurred until the change to First  
Choice/Select Health is complete.

If you have any questions or need assistance with your First Choice/Select Health process, call our office: 803-536-2725. Our fax number is 803-534-3118.

I have read and agree to the above arrangements to attain First Choice/Select Health for my child.

\_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing The Pediatric Clinic for your child's medical care.

