



1400 Jackson Street
Denver, CO 80206

njhealth.org

Greetings!

Thank you for your interest in the National Jewish Health Pediatric Day Program. We are truly looking forward to working with you and your child.

The Pediatric Day Program is a complete program of care and education. A dedicated team of specialists will work with you and your family to provide the best individualized care for your child.

Your child's dedicated team will include a medical doctor, a doctor in-training to become a specialist in allergy and immunology or an experienced nurse practitioner or physician's assistant, registered nurses and a child life specialist. A behavioral health provider or other specialists may be added to the team as necessary.

Our unique program allows the team to observe and monitor your child's symptoms throughout the day. This way we can make an accurate diagnosis and develop a successful individualized treatment plan. You will have a "home base" within the Pediatric Care Unit. Here you check in each day and review the day's schedule with your child's team. During your stay, you and your child will attend medical appointments, have necessary tests performed and actively participate in patient education.

At National Jewish Health we pledge to always honor and respect your child's rights to the best of our ability and to provide the highest level of care possible.

In this packet you will find information to help you prepare for your visit to National Jewish Health, as well as information that will be useful during your stay. Please feel free to contact the Pediatric Administrative Coordinator at 303.398.1239, with any questions or concerns.

We look forward to seeing you soon.

The Day Program Team



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General Information

In Case of Emergency. Once you have arrived in Denver, if your child needs medical attention before the day of admission or while you are not on the National Jewish Health campus, call the 24/7 Pediatric Phone Triage service at 303.398.1239. One of our nurses will help you. Tell the nurse that your child is here for the Day Program. Walk-in triage care is available in our Immediate Care clinic. It is open seven days a week, from 8 a.m. to 7 p.m. **If your child is having a significant breathing problem or other emergent condition, call 911.**

Arrival Time. Your family should arrive at the time given by your Patient Administrative Coordinator. Report to the admissions desk on the first floor in the Center of Outpatient Health. If your arrival time will be delayed, please call 303.398.1239.

Patient Safety. It is necessary for us to take special precautions to protect all of our patients and families from contagious infections. If your child shows any signs or symptoms of infection, they may be placed in isolation until this can be confirmed by our diagnostic laboratory. We apologize in advance for any inconvenience. This is to protect other patients and family members who may have compromised immune systems.

Length of Stay. The length of stay will depend on your child's illness and their diagnostic needs.

Where to Stay. Please visit www.njhealth.org for a list of local hotels and non-profit facilities that offer special discounted rates for our patients. If your child's team thinks your child needs to be monitored overnight, they will discuss that with you after your evaluation has begun.

Where You Will Be During the Day. The number of patients we have in the Day Program varies day to day. There may not always be a private room for you and your child. You will have access to the common areas on the unit. However, we will try to accommodate your needs to the best of our capability.

Family Members and Visitors. Certain tests/appointments only allow for the patient and/or their guardians to be present. Due to this, if siblings are present, additional care givers are required. There is no childcare provided, and all children must be supervised at all times by guardians or care givers.

Meals. "Grab and Go" food items are available. Parents can purchase meals in our cafeteria to eat with their children on the unit. If you prefer to bring food from off campus you will have access to a refrigerator and a microwave.



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General Information continued

Parking. Free patient parking is available Monday-Sunday, 24 hours a day. We also offer valet services to our patients and visitors, Monday-Friday 8:00 a.m. to 4:30 p.m.

Pharmacy. National Jewish Health has an onsite pharmacy to provide prescription services for medications your physician may prescribe during your stay. The pharmacy can process most prescription insurance claims electronically as prescriptions are filled.

It is the patient's responsibility to verify prescription benefits with their insurance carriers. To reduce the amount of time it takes to fill prescriptions during your child's evaluation in the Day Program, we encourage you to verify coverage before you arrive.

Payment can be made using cash, check or major credit cards. Payment is required when prescriptions are filled. The pharmacy staff will be glad to answer any questions you may have regarding your medication or prescription charges by calling 303.398.1582 or visiting the pharmacy located in the main lobby of the Center of Outpatient Health Building. The pharmacy hours are Monday-Friday 8:30 a.m. to 5:30 p.m.

Patients Representative Program. The National Jewish Health Patient Representative Program is available to assist patients and families with special concerns that are not resolved by members of your patient's care team. You may contact the Patient Representative by calling 303.398.1076, or by dialing the in-house operator.



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Responsibilities for Parents and Patients

- Do not wear perfumes, colognes, aftershave, scented lotions, or scented hair products, as these can cause an allergic reaction in some of our patients. We are a fragrance-free facility.
- National Jewish Health is a non-smoking facility.
- Be aware of your schedule at all times and arrive on time to each appointment/test. Certain tests may not be able to be rescheduled if missed. Notify your Patient Administrative Coordinator at 303.398.1239 in advance if you cannot keep an appointment.
- Send all medical records to National Jewish Health in advance of your visit. Please see the Medical Records section for further direction.
- Complete the attached patient questionnaire and bring it with you on the first day of your appointments.
- Follow the guidelines found in the Preparing for Your Tests section.
- Be honest and direct about aspects of your life that relate to your child's illness and experience here. This helps your medical team complete a relevant evaluation and create a useful treatment plan for your child.
- Know the names and dosages of the medications your child is taking. Bring all the medications and medical devices your child is currently taking/using.
- Report any changes in your child's health to your doctor or nurse as soon as possible.
- As a courtesy to our patients, National Jewish Health verifies your insurance coverage. This does not guarantee your insurance will cover your child's appointments and testing. Please contact your insurance carrier if you have questions about your coverage.
- Your child may require testing at another health care facility. Our staff will assist you in making these arrangements. National Jewish Health is not responsible for verifying your insurance benefits at other facilities.
- Please be considerate of other patients' privacy at all times.
- Please keep track of your personal belongings and valuables. National Jewish Health is not responsible for any lost, stolen, or damaged items.

Items to Bring for Day Program

All Patients:

- All current medications (prescription and over the counter) in the original containers (if possible) Health insurance policies and/or insurance card
- Guardian photo ID card
- Prescription card
- Any necessary referrals or authorizations required by your insurance company
- Any pertinent legal documents such as custody and/or divorce documents
- Comfortable clothing and shoes (appropriate for physical activity)
- Toiletries
- Security items i.e. blanket, teddy bear, etc.
- Homework if necessary

Please note Colorado weather can be unpredictable. While preparing for your visit please ensure that you have packed the appropriate seasonal items. Also, Denver is located one mile above sea level, so sunscreen is recommended year-round.

Eczema Patients Only:

- 12 pairs of long tube socks
- 3 sweat suits (sweat shirt and sweat pants) or 3 pairs of zip-up footie pajamas
- 3 pairs of thermal underwear if available or 4 light weight sleepers for infants and young children

See examples on the next page.

If your child uses any of the following, please also bring them:

- Peak flow meter, spacers for metered dose device (asthma patient)
- CPAP machine
- Ventilatory assist device Compressor-
- Nebulizer
- Special oxygen equipment (oximeter)
- Glucometer and test strips

Items to Bring for Day Program continued

Eczema Patients Only – Please Bring the Following:

12 pairs long cotton tube socks



3 or more sets of sweat shirts/pants or fleece footie pajamas



3 or more sets of long underwear or cotton footie pajamas



Preparing for Your Tests

Your doctor has recommended your child have certain tests as part of your evaluation at National Jewish Health. The most frequently ordered test is for allergies. Allergy testing can include up to 40-skin pricks per appointment. The testing is usually done on the back and is relatively painless. Try to avoid lotions, oils and creams on the back for this test. **All oral antihistamines will need to be stopped prior to testing because they can affect the results.** Check with your child's doctor before you stop any medicines.

Withhold (stop taking) oral antihistamines for the designated length of time before your appointment.

If your child is taking this medicine	Stop taking this medicine
Claritin® (Loratadine)	5 days before your appointment
Allegra® (Fexofenadine)	5 days before your appointment
Clarinex®(Desloratadine)	5 days before your appointment
Actifed®, Dimetapp®(Brompheniramine)	3-4 days before your appointment
Atarax®, Vistaril® (Hydroxyzine)	3-4 days before your appointment
Benadryl® (Diphenhydramine)	3-4 days before your appointment
Chlortrimeton® (Chlorpheniramine)	3-4 days before your appointment
Phenergan® (Promethazine)	3-4 days before your appointment
Tavist®, Antihist® (Clemastine)	3-4 days before your appointment
Actifed®, Aller-Chlor®, Bromfed®, Drixoral®, Dura-tab®, Novafed-A®, Onrade®, Poly-Histine-D®, Trinalin® Zyrtec® (Combination medicines) (Cetirizinei)	3-4 days before your appointment
Singulair® (Montelukast)	The night before your test

▶ If your child is taking an oral antihistamine that is not listed, hold the medicine for **3 - 4 days** before the appointment. If you are not sure if the medicine your child is taking is an antihistamine, ask your child's doctor, or call the Pediatric phone nurse at 303.398.1239.

▶ Continue to give your child all other medicine that they usually take.



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Patient Financial Responsibility

National Jewish Health is committed to providing quality health care and service to all patients. We understand that billing and payment for health care services can be confusing and complicated. Knowing your insurance policy is vital to receiving the maximum benefits possible. Failure to meet your insurance requirements may result in partial or complete claim denial and/or a higher co-payment/or deductible. We request that you pay any insurance copayments, deductible, and/or coinsurance at the time of registration.

Please be aware, National Jewish Health is a hospital facility and the physicians are employees of the hospital. Therefore, in addition to a specialty physician co-payment, a hospital co-payment, deductible, and/or co-insurance may apply. If you have any questions about your financial responsibility, please contact your insurance carrier.

As a courtesy to patients and their families, National Jewish Health submits claims to most insurance carriers. To insure proper and prompt processing of your claim, it is important that all current insurance information be presented at the time of pre-registration and/or admission. Please have a copy of your insurance card and your driver's license or other form of identification with you when you check-in.

National Jewish Health is a specialty hospital. Consequently, many insurance plans require a referral in order to access health care at National Jewish Health. If your insurance plan has such a requirement, it is your responsibility to obtain a referral from your primary care physician and/or specialist physician. Referrals can be faxed to 303.270.2161.

If your insurance plan requires scheduled medical services to be pre-certified or pre-authorized, National Jewish Health will attempt to obtain such approval from the insurance plan or the entity responsible for utilization management. Failure to meet your insurance requirements may result in partial or complete claim denial or a higher copayment/or deductible, and you may be responsible for the remaining balance.

National Jewish Health staff are available to assist you in understanding your hospital insurance benefits. We attempt to verify your insurance benefits prior to medical services being completed. Estimates of your financial responsibility are based on the accuracy of this information. The insurance benefit information provided by your insurance plan is based on the latest information they have available. Please remember that your insurance plan benefits are a contract between you, your employer and your insurance company. It is in your best interest to know and understand your benefits.

In the event you do not have insurance coverage, or cannot pay the patient responsibility portion of your bill, you will be asked to speak with one of our financial counselors. Our financial counselors are trained to assist you in meeting your financial obligations. We offer a variety of payment plans and prompt payment discounts. We accept all major credit cards. Financial counselors can also assist you in applying for charitable or public assistance programs for which you may be eligible. This service is provided to you at no cost. However, your cooperation is essential to successfully qualify for these programs. You are still financially responsible for the medical services until you are qualified for one of the programs. Please contact our Patient Financial Counseling Office at 303.398.1065 with any questions prior to your visit.

Please remember that all of your copayments for prescriptions will be collected at the Pharmacy.



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How to Request Medical Records

If you want your medical records mailed to National Jewish Health, please do the following:

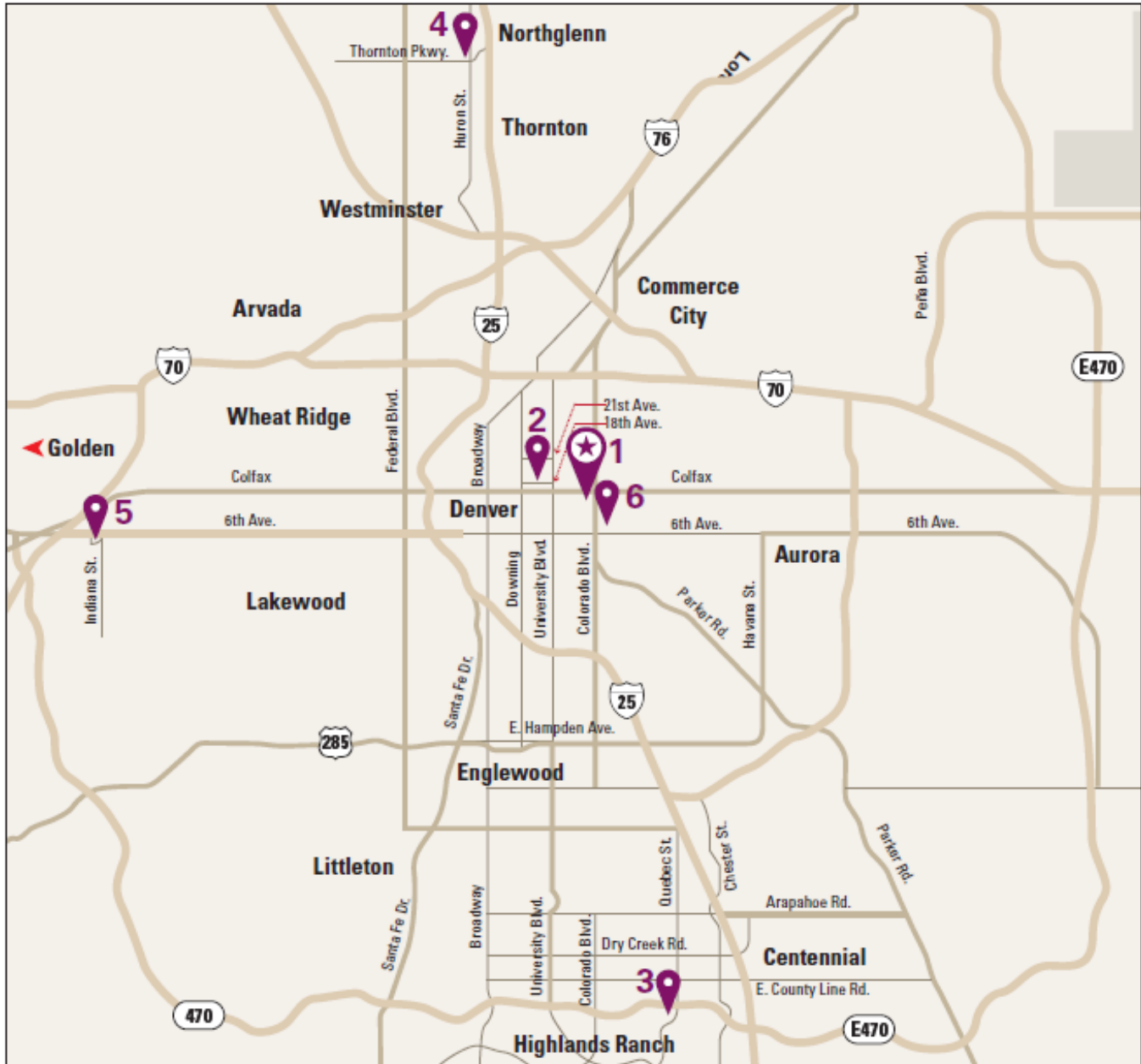
1. Complete the attached form.
2. Mail or hand deliver the attached form to your physician and/or hospital where services have been provided to you.

Please DO NOT mail the completed form to National Jewish Health.

Authorization to Release Protected Health Information

Patient Information	Full Name _____			Medical Record # _____	
	Address _____				
	City _____	State _____	Zip _____		
	Phone # _____	Date of Birth _____			
I hereby authorize:	<input type="checkbox"/> National Jewish Health - Main Campus 1400 Jackson St Denver, CO 80206 PH (303) 398-1580 FAX (303) 398-1211				
	<input type="checkbox"/> NJH - Highlands Ranch 8671 S. Quebec St. Ste 120 Highlands Ranch, CO 80130 PH (303) 703-3646 FAX (303) 738-1385				
	<input type="checkbox"/> NJH - South Denver 499 E. Hampden Ave. Ste 300 Englewood, CO 80113 PH (303) 788-8500 FAX (303) 788-8505				
	<input type="checkbox"/> Other: _____ Name/Title Organization _____ Address _____ City/State/Zip _____ Phone _____ Fax _____				
	<input type="checkbox"/> Other: _____ Name/Title Organization _____ Address _____ City/State/Zip _____ Phone _____ Fax _____				
Release To	Release to: <input type="checkbox"/> National Jewish Health - Main Campus 1400 Jackson St Denver, CO 80206 PH (303) 398-1580 FAX (303) 398-1211				
	<input type="checkbox"/> NJH - Highlands Ranch 8671 S. Quebec St. Ste 120 Highlands Ranch, CO 80130 PH (303) 703-3646 FAX (303) 738-1385				
	<input type="checkbox"/> Other: _____ Name/Title Organization _____ Address _____ City/State/Zip _____ Phone _____ Fax _____				
	<input type="checkbox"/> Other: _____ Name/Title Organization _____ Address _____ City/State/Zip _____ Phone _____ Fax _____				
	<input type="checkbox"/> Other: _____ Name/Title Organization _____ Address _____ City/State/Zip _____ Phone _____ Fax _____				
Purpose & PHI Disclosed	<input type="checkbox"/> Continuation of Care <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Personal Use <input type="checkbox"/> Other _____				
	For Treatment Date(s) _____				
	<input type="checkbox"/> Clinic Summary/Consultation <input type="checkbox"/> Procedure <input type="checkbox"/> Laboratory/Radiology <input type="checkbox"/> Pulmonary Test <input type="checkbox"/> Cardiology Test <input type="checkbox"/> Other _____				
Fees	Pages	1-10	11-40	41+	According to Colorado State Statute, 6 C.C.R. 1011-1, Chapter 2 Part 5.2.3.4 the following fees may be charged for copies of medical records. Records will be provided to other health care providers at no charge.
	Patient	\$14.00	.50 each	.33 each	
	Others	\$16.50	.75 each	.50 each	
Authorization	_____ By initialing this area, I authorize the release of my health records that may include information indicating the presence of communicable or venereal diseases, which may include, but are not limited to: hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS or Human Immune Deficiency Virus (HIV)).				
	_____ By initialing this area, I authorize the release of my health records that may include information about behavioral and/or mental health services and/or treatment for alcohol and/or drug abuse.				
	This request is made voluntarily and the information given is accurate to the best of my knowledge.				
	I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.				
	I understand that information disclosed pursuant to the authorization may be subject to redisclosure by the recipient and is no longer protected by the HIPAA privacy rule. Without my express revocation, this consent will automatically expire 180 days from the date signed below, unless I request an expiration date less than 180 days.				
Signature	My signature is required to validate this Authorization. If I sign this form, my health care, the payment for my health care or my ability to enroll for benefits will not be affected.				
	Patient or Authorized Representative Signature _____		Date _____	Relationship _____	

METRO DENVER LOCATIONS



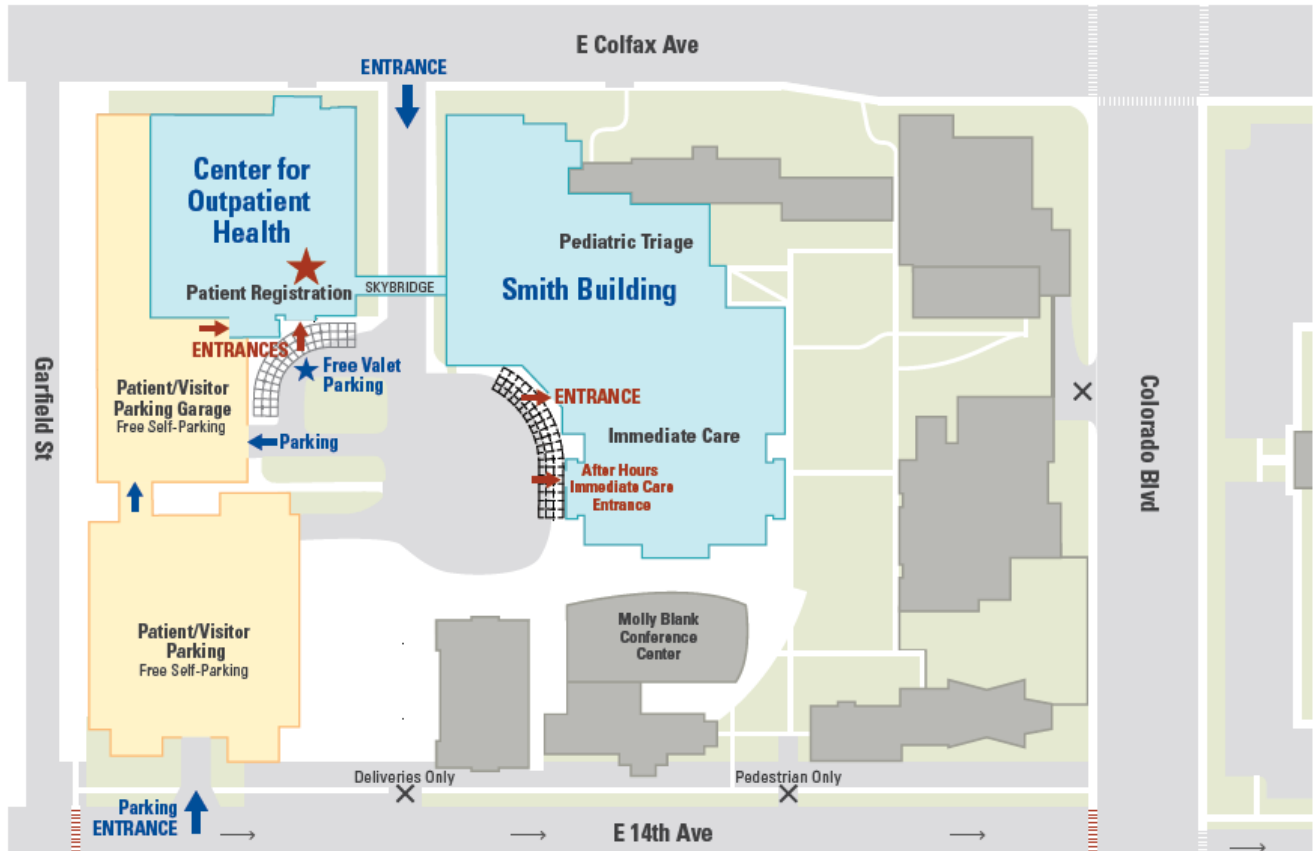
- | | |
|---|--|
| 1. National Jewish Health | 4. National Jewish Health Northern Hematology-Oncology |
| 2. Saint Joseph Hospital | 5. National Jewish Health Western Hematology-Oncology |
| 3. National Jewish Health Highlands Ranch | 6. Rose Pulmonary Clinic |

National Jewish Health Clinic Locations

PATIENT/VISITOR PARKING (Map L)



1400 Jackson St.
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877.225.5654
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Referring Physician Information

In order to provide results and recommendations from your child's evaluation at National Jewish, to your child's physician at home, we need to have complete information. Please complete this form and return it to the Pediatric Services Administration Department when you arrive for your child's appointment.

Primary Care Physician (Last, First): _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Specialist Physician (Last, First): _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Specialist Physician (Last, First): _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Specialist Physician (Last, First): _____

Address: _____

City _____ State _____ Zip _____

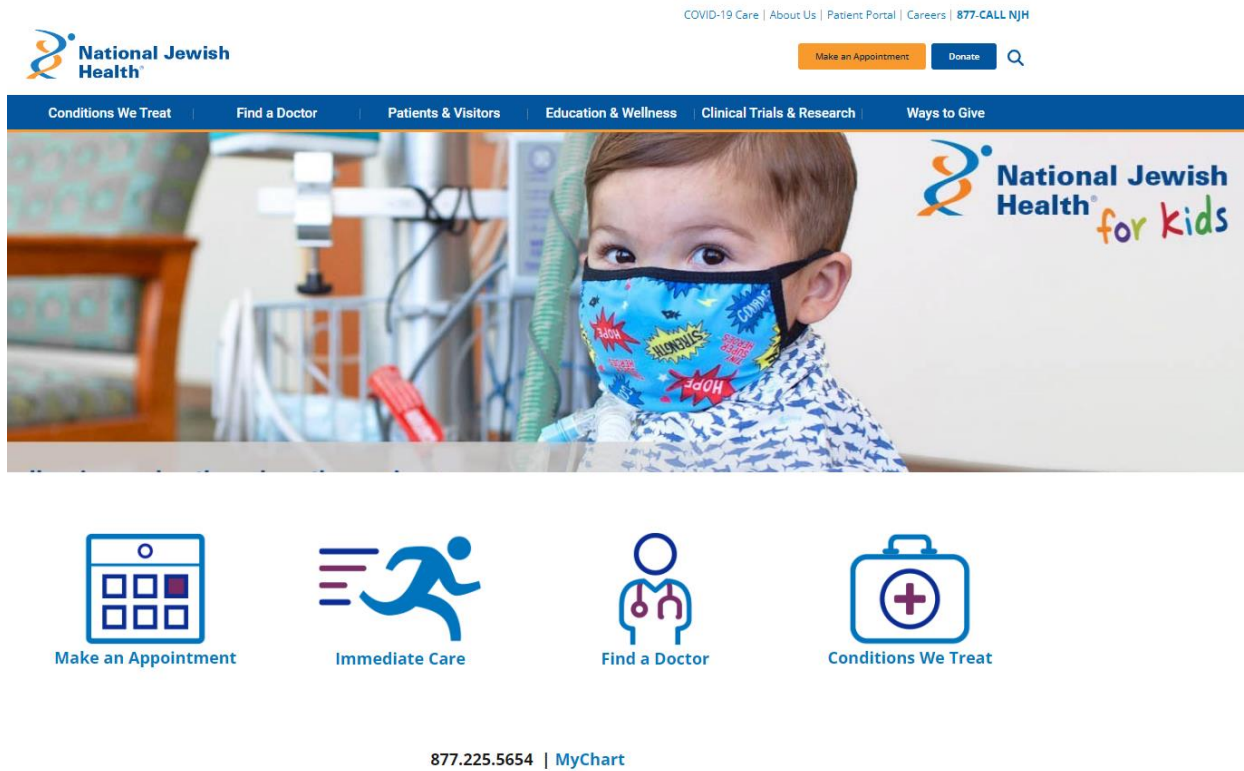
Telephone: _____ Fax: _____

I authorize National Jewish Health to release medical information to the above physicians.

Patient/Parent

Signature: _____

At njhealth.org, we offer information about our clinical programs, current research, educational opportunities and the conditions we treat. You can be confident that the information provided on our site has been written and approved by our medical staff.



Online Services

- [Make Appointments](#) – request new or follow-up appointments
- [Appointment Questions](#) – Appointment questions answered by our expert staff
- [Ask-an-Expert](#) – Health questions answered by our lung line nurses
- [Pay Your Bill](#) – Secure bill payment by credit card or electronic check
- [Request Medical Records](#) – Securely request medical records
- [Patient Information](#) – lodging, directions, and more
- [Clinical Trials](#) – learn about and sign-up for clinical trial participation
- [Health Information](#) – Written and approved by our expert medical staff
- [Donate](#) – Make a difference with a one-time gift or learn about other ways to give
- [Referrals](#) – Doctor referrals for tests or appointments

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