



**Dr. Otegbeye, Dr. Desai, and Dr. Soremi**

## **Attn: Primary Care Provider's / Office Administrators**

Night Lite Pediatrics was designed to complement your practice. It is our commitment to work as an extension of your practice after your office is closed. Please complete the survey below to help us to better understand your protocols.

\*\*\*\*\*You may choose as many boxes as you need.

- 1. How would you like to be informed if your patient comes to Night Lite Pediatrics without being referred?**
  - Call before the patient is treated.
  - Call to inform that patient is here but continue with treatment.
  - Call only if you need to consult with my office regarding the patient's condition.
  - Do not call—treat and fax reports.
  - Call if patient is seen at NLP frequently.
  - Other \_\_\_\_\_
  
- 2. If your patient's insurance requires a referral.....**
  - Please contact me that evening for referral.
  - I will send referral next business day
  
- 3. If your patient needs to be admitted, how would you like us to handle the admission?**
  - Inform immediately that admission is being processed.
  - Admit and inform of admission in the a.m.
  - Inform upon discharge.
  
- 4. If a sub-specialty referral is needed, do you have a preference of physician?**
  - Yes\* is yes, please specify.  
\_\_\_\_\_
  - Refer to us for specialty referrals
  - No
  
- 5. Do you have a preference of hospital to admit?**
  - Florida Hospital Campus
  - Florida Children's Hospital
  - Arnold Palmer Hospital
  - Depends on insurance
  
- 6. How would you like to receive feedback from us?**
  - Phone Message
  - Fax
  - Physician to Physician
  
- 7. If admission occurs, who do you prefer to provide care for the patient?**
  - Myself
  - Otegbeye, Desai, and Soremi-Central FL Pediatric Intensive Care Specialists
  - Hospitalist \_\_\_\_\_
  - Other \_\_\_\_\_
  
- 8. What service do you use to handle evening hour calls from your patients?**
  - TeleKids
  - Total Health Management
  - Private Answering Service
  - Other \_\_\_\_\_
  
- 9. Would you be open to posting a small poster or flyer about our services in your office?**
  - Yes, currently have plenty
  - Yes, please bring some by
  - No

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Practice Name: \_\_\_\_\_

Physicians in Practice: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Backline Phone: \_\_\_\_\_