

## How to obtain school or camp form:

Dear Patients, Parents and Caregivers,

Each year we receive thousands of requests to complete school and camp forms. We understand that this extra school or camp requirement poses extra stress to you as well as to our providers. Each form has to be filled out with up-to-date information, reviewed and signed by the doctor. This process has many steps and takes time. In order to provide you with efficient and secure service please review the options, fees and pertinent policies.

### A. VIA CHILD HEALTH ACCOUNT

If your child had a well-child visit within the last 12 months a universal school form and your child immunization record should be accessible to you online at your child 's health account. If you do NOT have an access to the child health account, please consider signing up at:

<https://udoc.com/a/bmc/pediatrics/login/>

For security verification you will need to have your **child's / responsible party and credit card information used during the last in-office registration**. The access to the account is free for the first 30 days; subsequently there is a \$30 annual fee.

### B. VIA WEBSITE— [www.mybodhi.com](http://www.mybodhi.com) Submit your request online

Should you prefer to receive the school form via email or wish to fax it to school, please submit your request

<http://www.mybodhi.com/form-completion-request-pediatrics/>

You can upload and submit the form with your request. You can select if you wish to receive it via email, with/without encryption, via mail , fax or you will pick it up in person.

Should you opt for submission via encrypted service, you would emailed a specific link to retrieve a password protected form or to select a fax number to have your form delivered. The link is active only for 48 hours; thus please try to complete the download as soon as possible. Please note that for security you will need to verify your **child's insurance ID and the last 4 digits of the credit card information** used during the last in office registration. An authorization to release the document and to a payment of the form service fee is required.

For details of the form fees, please review our forms fee policy: <http://mybodhi.com/Formsfeepolicy.pdf> or visit the list of our general fees online at: <http://www.mybodhi.com/billing>

If you need any assistance with the form download, please email us: [yourdoctor@mybodhi.com](mailto:yourdoctor@mybodhi.com)

Sincerely,

Team of Apple Pediatrics

# OVERVIEW OF THE REQUIRED INFORMATION

To complete account activation or to download a form the information provided must fully match the data submitted to Apple Pediatrics.

The credit card used during account activation **MUST** be the same as the one used during registration with Apple Pediatrics.

## FOR CHILD HEALTH ACCOUNT



Child's Name  
Child's Date of Birth



Mother's Date of Birth



Responsible party and Credit card  
Must match / \$1 Activation Fee



## FOR SECURED EMAILED FORM DOWNLOAD



Child's Last Name



Mother's Date of Birth



Child's Insurance ID and Last 4 digits  
of the credit card last used must match



If you need any assistance with the form download, please email us: [yourdoctor@mybodhi.com](mailto:yourdoctor@mybodhi.com)

Sincerely,

Team of Apple Pediatrics