



NORTHCOURT PEDIATRICS

Kirsten P. Magowan MD PC

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7278 Buckley RD * North Syracuse NY 13212

(315)-452-1712 * FAX (315)-452-0394



For a variety of reasons, after 30 wonderful years, we have decided to retire and close Northcourt Pediatrics. It has been a great pleasure watching your children grow, and providing for their health care needs over the years, so this was not an easy decision to make.

We are letting you know well in advance as we wanted to give you sufficient time to transfer your child's care to another pediatric or medical practice. We will continue to see and serve patients until May 23, 2025. This will coincide with the 30th anniversary of the opening of Northcourt Pediatrics, and seemed an appropriate ending date.

We've enclosed transfer requests and a list of local pediatric practices who are accepting new patients.

Over the next few months we will be very busy with the transition process. Please bear with us as we try to process transfers for all of our patients. If your child is scheduled for an upcoming appointment before May 23, 2025, please wait until after that appointment to transfer records.

If your child has an appointment scheduled for after May 23, 2025, we are canceling that appointment. You can reschedule to an earlier date if it is appropriate, or you will need to schedule an appointment with a new doctor. Please let us know if you have scheduled an appointment with a new doctor so we can make sure they get your child's records before their appointment.

If your child has already had their last well exam here you may still bring them in if they are sick until we close, but if we have transferred their records it would be more appropriate to take them to their new doctor.

Our office will remain open for some time after May to handle records transfers and other business. Keep your eye on our website, **northcourtpeds.com**, for updated information. Many browsers require you to clear your cache in order to get updated information.

We've included a transfer out form and a list of practices that are accepting patients. Please fill out a separate form for each of your children. Our standard summary includes all the records and information the new practice should need to take over care of your child.

Please be sure to indicate when you want the new practice to take over care for your child, and please be patient with the process. We have hundreds of patients who will all be transferring. We will process your request as quickly as we can.



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AUTHORIZATION TO USE & DISCLOSE HEALTH INFORMATION

I authorize Kirsten P. Magowan MD and/or Cynthia A. Steinem MD to use and disclose a copy of the specific health and medical information described below regarding:

Patient _____ Birthdate _____

Unless otherwise indicated we will send our standard summary:

Last Well Exam, Complete Immunization record, growth chart, visit record summary, problem list, medication list, referral list.

I understand that if my account is paid up there is no charge the first time I request a summary of records.

Our standard summary is normally all that is needed when transferring to another provider. If other records are requested I understand that there is a charge of \$0.75 per copied page. By selecting this option I agree to pay this fee, typically between \$75.00 and \$150.00. Initials: _____ Date: _____

Other records requested (if needed) _____

➤ Include mental health records Yes No Include Alcohol/drug abuse treatment records Yes No

SEND RECORDS TO: (Name of Recipient Or Class of Recipients) _____

Address _____

Phone _____ Fax _____

Reason for transfer: Practice is closing on 5/23/25. Patient transferring medical care to new doctor.

Date you would like new practice to take over care of patient: _____

Do you have appointment scheduled there? _____ **Send records by Date** _____

If we are requesting this Authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
- You may inspect a copy of the protected health information to be used or disclosed;
- You may refuse to sign this Authorization; and
- We must provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization. Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

I have reviewed and I understand this Authorization. I also understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

➤ Unless otherwise indicated this authorization permits faxing of information to the above recipient.

Faxing not permitted if this box is checked.

Patient or Patient's Legal Representative (Please Print) _____
(Patients 18 years and older must sign for themselves unless other specific legal authority has been granted)

Signature _____ Date: _____

Address _____

Phone _____

Description of Representative's Authority (e.g. "Parent", "legal guardian", etc.) _____

PRACTICES THAT ARE ACCEPTING PATIENTS

DENISE WOLKEN MD

4000 Medical Center Dr suite 214, Fayetteville, NY 13066

315-991-4180

<https://www.drdenisewolken.com>

Takes all but MEDICAID, MOLINA, UHC MED, MVP MED, GHI, TRICARE

BUCKLEY ROAD PEDIATRICS

5116 W Taft Rd, Liverpool, NY 13088

315-458-6601

<https://www.buckleyroadpediatrics.com>

Takes All including UHC Med ***Pt's must tell them xfer from KPM/CAS, otherwise they are not taking new patients

CHILD HEALTHCARE ASSOCIATES E SYR

6700 Kirkville Road #A East Syracuse, NY 13057

315-463-2013

<https://childhealthcareassoc.com>

NO MOLINA OR STRAIGHT MEDICAID

CHILD HEALTHCARE ASSOCIATES L'POOL

8100 Suite 220 Oswego Rd, Liverpool, NY 13090

315-652-8800

<https://childhealthcareassoc.com>

NO MOLINA OR STRAIGHT MEDICAID

MADISON IRVING PEDIATRICS & EASTSIDE

6711 Towpath Rd, East Syracuse, NY 13057

315-471-2646

<https://www.mipedes.net>

NO MOLINA OR UHC MED

SUMMERWOOD

4811 Buckley Rd, Liverpool, NY 13088

315-457-9966

<https://www.summerwoodpediatrics.com>

Takes all but UHC Med

UPSTATE PEDIATRIC AND ADOLESCENT CENTER

725 E Adams St, Syracuse, NY 13210

315-464-4357

<https://www.upstate.edu/gch/services/adolescent-med-center>

Takes All Insurance

CFM WEE CARE

6251 NY-31, Cicero, NY 13039

315-699-9595

<https://www.facebook.com/WeeCarePediatricsCicero/>

Takes All including UHC Med

BRIGHTON HILL PEDIATRICS

151 Intrepid Ln, Syracuse, NY 13205

315-469-8191

<https://bhpedes.com>

*limited availability, call first

Here is a link to a map of these practices

<https://www.google.com/maps/d/u/0/edit?mid=1MCHSV6lcG.JjqWydKSRxGfDoesuJAijQ&usp=sharing>

PEDIATRIC PRACTICES AVAILAB...

These are practices that are accepting our patients who wish to transfer

6 views
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Add layer **Share** **Preview**

Untitled layer

Individual styles

- 📍 Denise Wolken MD - Pediatrics
- 📍 Buckley Road Pediatrics
- 📍 Child Healthcare Associates
- 📍 Child Health Care Associates
- 📍 Madison Irving Pediatrics
- 📍 Summerwood Pediatrics
- 📍 Pediatric & Adolescent Center
- 📍 Wee Care Pediatrics, PLLC
- 📍 Brighton Hill Pediatrics, PLLP

Base map

A map of the Syracuse, NY area showing several pediatric practices marked with blue location pins. The practices are: Child Health Care Asso... (top left), Summerwood Pediatrics (top center), Buckley Road Pediatrics (center), Wee Care Pediatrics, P... (right), Brighton Hill Pediatr... (bottom left), Madison Irving Pediatr... (bottom center), Child Healthcare Assoc... (bottom center), and Denise Wolken MD - Ped... (bottom right). The map also shows major roads like I-190 and I-219, and various neighborhoods such as Onondaga Hill, East Syracuse, and Westvale.