******AS OF 01-01-13*** AN INCREASING FEE MAY BE CHARGED FOR MISSED OR LATE CANCELLED APPTS******

Date

Patient Information Sheet for the Pediatric Center

Patient Information

Name _____ DOB_____ Sex_____

Address_____ Phone # _____

Mailing Address City State Zip

Responsible Party (birth parents)

Father's Name _____ Mother's Name_____

Father's DOB _____ Mother's DOB_____

Father's Social_____ Mother's Social_____

Home #_____ Home #_____

Cell # _____ Cell # _____

Address_____ Address_____

Email Address_____ Email Address_____

Employer_____ Employer_____

Employer's #_____ Employer's #_____

Would you prefer a text __or voice__ message reminder for your appointment? Preferred number_____

Insurance Information

Primary Insurance _____ Policy Holders Name _____

Policy Holders DOB _____ Policy Holders Social_____

Secondary Insurance_____ Policy Holders Name_____

Policy Holders DOB_____ Policy Holders Social_____

Any additional Information _____

Other Responsible Parties (step, grand, foster, adoptive parents) if different than parents

Name_____ Relationship_____ DOB_____

Address _____ Phone Number_____

Pharmacy of choice (specify location)_____

Please list one person that you would like us to contact in case of an emergency.

Name_____ Phone Number_____

HIPPA: I hereby authorize the release of my (or my child's) medical information to my insurance carrier concerning my or my child's illness and treatment and hereby assign all payments for medical services to my doctor. I understand that I am responsible for any amount not covered by my insurance. In the event that a collection process becomes necessary, I agree to pay all attorney fees, court cost and collection fees. I also knowledge that I have received a written copy of the HIPPA notice for the Medical Center for Children and Adolescents, PA (DBA the Pediatric Center)

Signature_____ Date_____

Information is now required by the Government Health Initiative

*******Please list all siblings that are seen at our office*******

Name	Last	DOB	Sex	Race	Ethnicity	Language