

PEDIATRIC HEALTH CENTER

PATIENT NAME _____ SEX _____ DOB _____
(FIRST) (MIDDLE) (LAST)

NAME YOU CALL YOUR CHILD _____

FATHER'S NAME _____ DATE OF BIRTH _____
S.S.# _____ EMPLOYER _____ OCCUPATION _____
EMP. ADDRESS _____ EMP. PHONE _____
CITY _____ STATE _____ ZIP CODE _____ PGR/CELL # _____

HOME ADDRESS _____ HOME PHONE # _____
CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

MOTHER'S NAME _____ DATE OF BIRTH _____
S.S.# _____ EMPLOYER _____ OCCUPATION _____
EMPLOYEE ADDRESS _____ EMP. PHONE _____
CITY _____ STATE _____ ZIP CODE _____ PGR/CELL# _____

HOME ADDRESS _____ HOME PHONE _____
CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY PLEASE CONTACT (someone other than parent):

NAME _____ RELATIONSHIP _____ PHONE# _____

INSURANCE INFORMATION

1. INSURANCE COMPANY _____ GROUP# _____

INSURED'S NAME _____ I.D.# _____

DATE OF BIRTH _____ IS THIS INS. THROUGH YOUR EMPLOYER? _____

2. INSURANCE COMPANY _____ GROUP# _____

INSURED'S NAME _____ I.D.# _____

DATE OF BIRTH _____ IS THIS INS. THROUGH YOUR EMPLOYER? _____

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO PEDIATRIC HEALTH CENTER OF ALL SURGICAL AND/OR MEDICAL BENEFITS, IF ANY, FOR HIS SERVICES PROVIDED FOR MY CHILD WHICH YOUR OFFICE MAY FILE ON MY BEHALF. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHARGES NOT COVERED BY THIS AUTHORIZATION. I UNDERSTAND THAT IF A BALANCE ON THIS ACCOUNT IS UNPAID AFTER THIRTY (30) DAYS ON OFFICE VISITS OR SIXTY (60) DAYS ON HOSPITAL CHARGES, I AM RESPONSIBLE FOR ALL COLLECTION FEES INCURRED IN ORDER TO COLLECT THE BALANCE. ALL OFFICE VISITS AND SERVICES ARE DUE AND PAYABLE AT TIME OF SERVICE, UNLESS, OTHER ARRANGEMENTS HAVE BEEN MADE PRIOR TO YOUR VISIT. I UNDERSTAND THAT ALL CONTRACTED INSURANCE CLAIMS WILL BE FILED, BUT THE GUARANTOR IS ULTIMATELY RESPONSIBLE FOR ALL FEES INCURRED. I HEREBY AUTHORIZE RELEASE OF ANY RECORDS/ INFO FROM PREVIOUS AND REF HOSPITALS/PROVIDERS TO PHC NECESSARY FOR MEDICAL TREATMENT OR TO PROCESS ANY CLAIMS FILED ON MY CHILD'S BEHALF.

SIGNATURE _____ DATE _____
PARENT OR LEGAL GUARDIAN