



Photograph

## New Patient Registration Form

### Child's Information :

First Name

Middle Name

Last Name

Sex

 M  F

Date of Birth

 M  M /  D  D /  Y  Y

Race

Ethnicity

Address

City

State

Zip Code

### Mother's/ Foster Mother's / Guardian's (Pick One) Information :

First Name

Middle Name

Last Name

Date of Birth

 M  M /  D  D /  Y  Y

Social Security #

Marital Status

Email

Home #

Mobile #

Work #

Do you give us permission to send text messages regarding your child's appointments to the mobile number above?

 Y  N

Employer Name

Employer Status

Does this Parent/ Guardian reside with child

 Y  N

(If No, please list address below)



## New Patient Registration Form

### Father's/ Foster Father's / Guardian's (Pick One) Information :

First Name

Middle Name

Last Name

Date of Birth

  /   /  

Social Security #

Marital Status

Email

Home #

Mobile #

Work #

Do you give us permission to send text messages regarding your child's appointments to the mobile number above?

Employer Name

Employer Status

Does this Parent/ Guardian reside with child

(If No, please list address below)

### Emergency Contact :

First Name

Last Name

Relationship to Child

Best Contact #

Do you give permission for this person to bring to office?



## New Patient Registration Form

### Patient's Insurance Information :

Primary Insurance Name

Policy ID#

Who is the subscriber to the insurance :

Mother

/

Father

/

Other

(If Other, Please indicate Relationship)

Secondary Insurance Name

Policy ID#

Who is the subscriber to the insurance :

Mother

/

Father

/

Other

(If Other, Please indicate Relationship)

### Pharmacy Information :

Pharmacy Name

Location

Phone #

### Patient Portal & More :

How Did You Hear About Our Practice?

Would You Like To Have Access To Our Online Secure Patient Portal?

Y

N

(If Yes, then Please provide us your Email)



## New Patient Registration Form

### Other Information :

Is the Patient a newborn?

 Y

 N

(If No, then skip to the last section)

If Yes, then read this section & sign below :

Newborn babies are usually covered under their mother's insurance policy for the first 30 days.(This only applies to Commercial insurances). During this time period we ask that you contact your insurance and/or employer directly to enroll the baby. If you are enrolled in a state program kindly contact your caseworker.

I have read and understand the PediaPlace Pediatrics Newborn Insurance Policy.

Parent's / Guardian's Signature

Date

### Patient Release :

I certify that the information that I have provided is accurate and correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies( including Medicare) for the purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I am responsible for any balances the insurance company doesn't pay to the provider.

Parent's / Guardian's Signature

Date

Thank You!