

Premiere Pediatrics Registration Form

PATIENTS INFORMATION					
<small>(Please list all children we will be caring for)</small>					
Last Name	First Name	MI	M/ F	DOB	Chart #
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PARENTS INFORMATION					
Home Street Address			City	State	Zip Phone () -
Father's Name	Occupation/ Employer	DOB / /	CELL PHONE () -	SSN	
Mother's Name	Occupation/ Employer	DOB / /	CELL PHONE () -	SSN	
Guardian's Name	Occupation/ Employer	DOB / /	CELL PHONE () -	SSN	
Emergency Contact (Other than Parents)			Relationship	Phone () -	
INSURANCE & BILLING INFORMATION					
Person Financially Responsible: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other			Relationship:		
PRIMARY INSURANCE:			SECONDARY INSURANCE:		
Subscriber's Name			Subscriber's Name		
Insurance ID			Insurance ID		
Group #			Group #		
Policy Holders DOB			Policy Holders DOB		
Relationship to Patient			Relationship to Patient		
PAYMENT REQUIRED AT TIME OF SERVICE- UNLESS PRIOR ARRANGEMENT HAS BEEN MADE					
<p>HIPPA STATEMENT: We protect our patients' information and records that we have about their health and services received in our office. We must have a written and signed consent in order to disclose your health information for the purpose of treatment, the payment of your bills, appointment reminders etc. I understand that I may revoke authorization or change those listed at any time in writing. Notice of privacy practice form available upon request.</p> <p>Signature _____ Date _____</p> <p>Please list any family members or persons, if any, whom may be inform about general condition, diagnosis, medication refills, and appointments.</p> <p>Name(s) _____</p> <p>Financial Responsibility: I authorize the release of medical information to insurance carriers concerning my illness and treatment and I hereby assign to the doctor all payments for medical services rendered to me or my dependent. I understand that I am responsible for any amount not covered by MY insurance and that I will pay any copays on the date of service unless other arrangements are made.</p> <p>Signature of Parent _____ Date _____</p>					