

Acknowledgement Signed _____

PEDIATRIC CONSULTANTS, P.C.

ACCT # _____

(Please Print)

CHART # _____

DATE _____ REFERRED BY _____

PATIENT INFORMATION

PATIENT NAME _____ SEX _____ SSN _____

PATIENT BIRTHDATE _____ RACE _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMERGENCY CONTACT NAME _____ PHONE _____

RESPONSIBLE PARTY INFORMATION

FATHER / LEGAL GUARDIAN

MOTHER / LEGAL GUARDIAN

NAME _____

NAME _____

BIRTHDATE _____ SSN _____

BIRTHDATE _____ SSN _____

ADDRESS _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

CITY _____ ST _____ ZIP _____

EMPLOYED BY _____

EMPLOYED BY _____

(FULL / PART / NONE)

(FULL / PART / NONE)

OCCUPATION _____

OCCUPATION _____

WORK ADDRESS _____

WORK ADDRESS _____

CITY _____ ST _____ ZIP _____

CITY _____ ST _____ ZIP _____

WORK PHONE _____

WORK PHONE _____

INSURANCE INFORMATION

(We require a copy of your insurance card.)

NOTE: Patients who carry health insurance should remember that payment for our services is the responsibility of the insured, and patients are expected to pay their co-pay and meet their deductible at the time services are rendered.

PRIMARY INS. CO. _____

SECONDARY INS. CO. _____

POLICYHOLDER _____

POLICYHOLDER _____

DATE OF BIRTH _____

DATE OF BIRTH _____

ACKNOWLEDGEMENT OF RECEIPT: I hereby acknowledge that I have received the Notice of Privacy Practices of Pediatric Consultants, P.C. I understand this Notice contains information regarding how Pediatric Consultants uses my medical information.

ASSIGNMENT AND RELEASE: I hereby authorize Pediatric Consultants, P.C. to treat and to furnish information to insurance carriers concerning treatment, and I hereby assign to the doctor all insurance benefits otherwise payable to me for these services. I understand that I am financially responsible for all charges not covered by my insurance. I also understand that I am responsible for collection costs and/or attorney fees incurred for collection of this account. I understand that if I fail to furnish updated insurance information so as to allow for timely billing, I will be responsible for all charges incurred for this account.

SIGNED _____ DATE _____