

PEDIATRICS 5280 PATIENT INFORMATION

All information must be completed

Today's Date \_\_\_\_\_

Circle One: Dr. Bouzarelos Dr. Dacey Dr. Deckerman Dr. Jones-Bamman Dr. Middlemist Dr. Parra
Dr. Tiehen Dr. Traver Dr. Wallendal Dr. Young Mary Kop, PA-C Leslie Will, PA-C Caroline Hopper, PA-C

Parent/Guardian of Child Last First Middle Int.

Address Street City State Zip DOB / /

Phone (home) (work) (cell) (email)

Parent/Guardian of Child Last First Middle Int.

Address Street City State Zip DOB: / /

Phone (home) (work) (cell) (email)

Step Parent(s) Phone number(s)

Referred by Child(ren) live with

Emergency Contact (other than Parent) Phone Relationship

INS Holder Name DOB and SSN

Relationship to Patient

Insurance Name and Policy Financially Responsible Party

Full Names of All Children, oldest to youngest. Please mark the box of children that will be patients at Pediatrics 5280.

Table with 6 columns: First Name, Middle, Last Name, Birthdate M/F, Age, Cell Phone #. Includes checkboxes for each row.

I have been provided information regarding immunizations: DTaP, DT, Td, Tdap, POLIO, MMR, HIB, HEPATITIS B, CHICKEN POX, HEPATITIS A, MENINGOCOCCUS, PNEUMOCOCCUS, HPV, ROTAVIRUS, and INFLUENZA. I authorize the release of Newborn Genetic screening information to Pediatrics 5280. I assign directly to Pediatrics 5280 all insurance benefits if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges incurred, whether or not paid by insurance. I hereby authorize Pediatrics 5280 to release all information necessary for claims administration and evaluation, utilization review and financial audit. I authorize Pediatrics 5280 to give my child reasonable and proper care by today's standards. I authorize my child to be treated without my being in attendance. I acknowledge that I have received Pediatrics 5280's Notice of Privacy Practices. I authorize Pediatrics 5280 to call my cellphone or residential phone by autodialer.

Signature Date

Over 18 years Patient Sign Date