

All Children Pediatrics

Patient Demographics

Name (First Middle Last): _____
Date of Birth: _____ Patient's Social Security #: _____ Gender: M F
Race: African American American Indian Asian Caucasian Pacific Islander Other
Ethnicity: Hispanic / Non-Hispanic Language: English / Spanish / Other
Patient's Primary Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ (Home, cell, work) Phone#: _____ (Home, cell, work)
Phone #: _____ (Home, cell, work) Phone#: _____ (Home, cell, work)
Email Address: _____
Siblings Names & DOB: _____

Responsible Party

Name (First Middle Last): _____
Date of Birth: _____ SSN#: _____
Primary Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ (Home, cell, work) Phone#: _____ (Home, cell, work)
Employer: _____ Employer Phone#: _____
Relationship to Patient: _____

Primary Insurance

Policy Holder's Name: _____
Relationship to Patient: _____ Date of Birth: _____ SSN#: _____
Primary Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ (Home, cell, work) Phone#: _____ (Home, cell, work)
Employer: _____ Employer Phone#: _____
Insurance Company: _____
Insured ID#: _____ Group#: _____ Group Name: _____

Secondary Insurance

Policy Holder's Name: _____
Relationship to Patient: _____ DOB: _____ SSN#: _____
Primary Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ (Home, cell, work) Phone#: _____ (Home, cell, work)
Employer: _____ Employer Phone#: _____
Insurance Company: _____
Insured ID#: _____ Group#: _____ Group Name: _____

Authorizations & Consent

I authorize the release of any medical or other information necessary to process claims. I also authorize payment of medical benefits to the physicians of All Children Pediatrics. I understand that any charges not covered by my insurance remain my responsibility to pay in a timely manner. I authorize and give permission to All Children Pediatrics to electronically access/download all prescription history on my child(ren) from any and all pharmacies. (2/14)

Signed: _____ Print Name: _____ Date: _____