

Patient Registration Form



Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ Sex: M / F Social Security Number: ____ - ____ - ____
(mm) (dd) (yyyy)

Address: _____
(Street Address) (Apt) (City) (State) (Zip Code)

Home Phone: (____) - ____ - ____ Mobile Phone: (____) - ____ - ____

Mother's Name: _____ Date of Birth: ____/____/____
(Last) (First) (mm) (dd) (yyyy)

Father's Name: _____ Date of Birth: ____/____/____
(Last) (First) (mm) (dd) (yyyy)

How did you hear about Welcome Pediatrics? _____

Insurance Information

Primary Insurance: _____ Insurance ID: _____ Co-payment: _____
(Name) (\$ Amount)

(Complete only if different from patient)

Policy Holder: _____ Effective Date: ____/____/____
(Last) (First) (mm) (dd) (yyyy)

Policy Holder's Date of Birth: ____/____/____ Sex: M / F Relation to Patient: Parent / Guardian
(mm) (dd) (yyyy) (Circle)

Policy Holder's Social Security Number: ____ - ____ - ____ Insured Employer: _____

Secondary Insurance: _____ Insurance ID: _____ Co-payment: _____
(Name) (\$ Amount)

Policy Holder: _____ Effective Date: ____/____/____
(Last) (First) (mm) (dd) (yyyy)

Policy Holder's Date of Birth: ____/____/____ Sex: M / F Relation to Patient: Parent / Guardian
(mm) (dd) (yyyy) (Circle)

Policy Holder's Social Security Number: ____ - ____ - ____ Insured Employer: _____

Emergency Contact

Name: _____ Relationship: _____
(Last) (First)

Address: _____
(Street Address) (Apt) (City) (State) (Zip Code)

Home Phone: (____) - ____ - ____ Mobile Phone: (____) - ____ - ____

I authorize the release of any medical information necessary to process bills to my insurance company, and request payment of benefits to Welcome Pediatrics PLLC. I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand that I am responsible for providing continuous up-to-date information regarding my insurance coverage. I understand that I am responsible for paying the required co-payment, as mandated by my insurance, prior to each appointment.

Signature: _____ Date: ____/____/____
(mm) (dd) (yyyy)