



First, print out this form. Fill it out. Sign it. Bring it to our office.

Patient Information

Patient's Name _____ Social Security # _____ Sex (M/F) _____

Address _____ Home Phone (____) _____ DOB _____
 City _____ State _____ Zip _____

Email address: _____

List Sibling Names & Ages _____

How did you hear about us? _____

Parent (Guardian) Information 1

First Name _____ Last Name _____ DOB _____

Occupation _____ Cell Phone (____) _____ Home Phone (____) _____

Employer Name _____ Work Phone (____) _____ Ext _____

Home address if different from above: _____

Relationship to patient: _____

Parent (Guardian) Information 2

First Name _____ Last Name _____ DOB _____

Occupation _____ Cell Phone (____) _____ Home Phone (____) _____

Employer Name _____ Work Phone (____) _____ Ext _____

Home address if different from above _____

Relationship to patient: _____

Parent's Marital Status _____ Child resides with (check) _____
 both parents mother father other

Primary Insurance (Person who holds insurance)

Insurance Company _____ ID # _____ Group Name or # _____

Policy Effective Date _____ Copay Amount: _____

Insured's Name _____ Social Security # _____ DOB _____

Driver License Number: _____

Relationship to Patient _____

Secondary Insurance (If child has multiple insurance coverage)

Insurance Company _____ ID # _____ Group Name or # _____

Policy Effective Date _____ Copay Amount: _____

Insured's Name _____ Social Security # _____ DOB _____

Relationship to Patient _____

Insurance Assignment & Release of Information

- I authorize the release of my child's any medical information necessary to process insurance claims.
- I authorize the release of payment of medical benefits to my child's provider.
- I have received notice of this organization's privacy practices.
- I understand that I am financially responsible for any deductible & coinsurance fees, and charges for non-covered services. Unless I am a member of an insurance organization that Ivy Pediatrics is a contracted provider, all charges are due at the time that services are rendered.
- I authorize Ivy Pediatrics to call me on my home/cell/work numbers for collection purposes.

 Guarantor's Signature

 Date