



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

Mother's First Name _____ Last Name _____ DOB _____
 Occupation _____ Cell Phone (____) _____ Home Phone (____) _____
 Employer Name _____ Work Phone (____) _____ Ext _____
 Employer Address _____

Father's First Name _____ Last Name _____ DOB _____
 Occupation _____ Cell Phone (____) _____ Home Phone (____) _____
 Employer Name _____ Work Phone (____) _____ Ext _____
 Employer Address _____

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