



*Update of Contact Information & Insurance Form*

**Patient Information**

Patient's Name \_\_\_\_\_

Address 1 of parent/guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) who reside at address 1: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Address 2 of parent/guardian (if appropriate) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian who resides at address 2: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Other children in the family who require an update in contact information:

\_\_\_\_\_

**Primary Insurance (Person who holds insurance)**

Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_ Group Name or # \_\_\_\_\_

Policy Effective Date \_\_\_\_\_ Copay Amount: \_\_\_\_\_

Insured's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Other children in the family who require update in insurance information:

\_\_\_\_\_

## **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 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