Update of Contact Information & Insurance Form

Patient Information

Patient's Name____
Address ____
City ___________________________ State _______ Zip ____________
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