

TODAY'S DATE: \_\_\_\_\_

CHART #: \_\_\_\_\_

Child's Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (MI) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

How did you hear about Pediatric Associates:  Friend/Relative  Web-site  Insurance Plan

Doctor \_\_\_\_\_  Other \_\_\_\_\_

| Siblings: Child's Name (Last, First, Middle) | Date of Birth | Sex    |      |
|--|---------------|--------|------|
| _____  | _____         | Female | Male |
| _____  | _____         | Female | Male |
| _____  | _____         | Female | Male |
| _____  | _____         | Female | Male |

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Employers Address \_\_\_\_\_

Primary Ins. Co. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Group #: \_\_\_\_\_

Ins. Co. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Insurance: If you have a secondary insurance, please notify the front desk.

**I UNDERSTAND THE FINANCIAL POLICY OF THIS OFFICE IS AS FOLLOWS:**

1. This office expects payment at the time of service, unless specific arrangements are made in advance with the financial counselor.
2. Insurance claims will be filed only for those insurance plans we have contracted with as a participating provider.
3. Copay's, deductibles and Non-covered services are to be paid at the time of service.
4. I understand that my signature is valid for the purposes of filing my insurance and I authorize payment of benefits to PEDIATRIC ASSOCIATES OF AUSTIN, P.A.

\_\_\_\_\_ DATE: \_\_\_\_\_