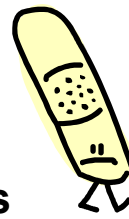


Northeast Pediatrics



Patient Registration

Child's name: _____		DOB: _____	
_____	_____	_____	_____
Gender: _____	Nickname: _____	Hobbies: _____	Grade in school: _____
M	F		
Home Address: _____		City: _____	State: _____ Zip: _____
Insurance Subscriber's name: _____		Home/Work Phone: _____	Email: _____
Child lives with: _____		Whom can we thank for this referral? _____	

Family Information

Father/Guardian's Name: _____		Address (if different): _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
SSN: _____	Drivers license # / State: _____	DOB: _____	Employer: _____
Do you have insurance coverage for this child? Y N		Plan: _____	Policy/Group # _____
Mother/Guardian's Name: _____		Address (if different): _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
SSN: _____	Drivers license # / State: _____	DOB: _____	
Do you have insurance coverage for this child? Y N		Plan: _____	Policy/Group # _____
Siblings Name: _____	DOB: _____	Name: _____	DOB: _____
Siblings Name: _____	DOB: _____	Name: _____	DOB: _____

Release and Assignment

The information that I have given is correct to the best of my knowledge. I understand that it will be held in strictest confidence and it is my responsibility to inform the office of any changes in my minor/child's medical status and/or insurance.

I certify that my minor/child has insurance coverage with: _____
Name of insurance company (ies)

And is assigned directly to **Northeast Pediatrics** all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize the doctor to release all information necessary to secure the payment benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

 Signature of Parent or Guardian

 Date

Emergency Contact

In the event of any emergency, whom should we contact (other than the parent/guardian)

Name: _____ Relationship: _____
 Phone: _____

Name: _____ Relationship: _____
 Phone: _____

