

TODAY'S DATE: _____ CHILD'S FULL NAME: _____

SS #: _____ SEX: M/F AGE: _____ DOB: _____

Mother's Name: _____ SS#: _____

DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Employed By: _____ Occupation: _____

Email: _____

Fathers's Name: _____ SS#: _____

DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Employed By: _____ Occupation: _____

Email: _____

OTHER CHILDREN

FULL NAME: _____ SEX: M/F DOB: _____ SS #: _____

FULL NAME: _____ SEX: M/F DOB: _____ SS#: _____

FULL NAME: _____ SEX: M/F DOB: _____ SS#: _____

(IF MORE CHILDREN THAN 3, PLEASE ADD TO BACK OF THIS PAGE)

INSURANCE

PLEASE PRESENT CARD TO RECEPTIONIST

NAME OF INSURANCE COMPANY: _____

ADDRESS OF INSURANCE COMPANY: _____

NAME OF POLICY HOLDER: _____ ID#: _____

GROUP NUMBER: _____ EFFECTIVE DATE: _____

IF MEDICAID, please circle which state: VA WV ID #: _____

PAYMENT OR CO-PAYMENT IS EXPECTED AT THE TIME OF EACH VISIT. IT IS THE PARENT'S RESPONSIBILITY TO FIND OUT IF WE ARE A PARTICIPATING PROVIDER WITH YOUR INSURANCE COMPANY.

- OVER -

I hereby authorize direct payment of medical benefits to Pediatric Associates of Winchester.

I hereby authorize Pediatric Associates of Winchester to give my minor child/children reasonable and proper medical care by today's standards.

I hereby authorize Pediatric Associates of Winchester to obtain appropriate specimens for HIV and HBV testing in case of exposure or accident.

I hereby authorize Pediatric Associates of Winchester to share immunization information when necessary.

In the event my account is submitted to a collection agency or to an attorney at law, I agree to pay all reasonable costs of collections, including attorney fees of 33 1/3% of the outstanding balance.

I hereby authorize Pediatric Associates of Winchester to forward any medical records to my insurance company for claims processing.

AUTHORIZED SIGNATURE

DATE

The following people are authorized to seek treatment for my child:

AUTHORIZED SIGNATURE

DATE

Additional OTHER CHILDREN (from front):

FULL NAME: _____ SEX: M/F DOB: _____ SS #: _____

FULL NAME: _____ SEX: M/F DOB: _____ SS #: _____

FULL NAME: _____ SEX: M/F DOB: _____ SS #: _____

FULL NAME: _____ SEX: M/F DOB: _____ SS #: _____

FULL NAME: _____ SEX: M/F DOB: _____ SS #: _____