

# PEDIATRIC UPDATE INFORMATION

-PLEASE PRINT FIRMLY-

TODAY'S DATE

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## PATIENT INFORMATION - Please List All Children We Will Be Caring For

LAST	NAME			SEX	DATE OF BIRTH	OFFICE USE	
	FIRST	MI		M/F	MO/DAY/YEAR	CHART NO.	PROVIDER

With whom does child reside? \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

### PRIMARY INSURANCE

### SECONDARY INSURANCE

Insurance Plan _____	Insurance Plan _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Person Who Carries Insurance _____	Person Who Carries Insurance _____
Insurance ID Number _____	Insurance ID Number _____
Group Name or Number _____	Group Name or Number _____
Date Insurance Began _____ COPAY _____	Date Insurance Began _____ COPAY _____

THESE SECTIONS MUST BE COMPLETED IN FULL TO BILL INSURANCE COMPANIES

## PARENT'S INFORMATION

Mother's Name _____ <small>Last First MI</small>	Father's Name _____ <small>Last First MI</small>
Social Security Number: _____	Social Security Number: _____
Birthdate: _____	Birthdate: _____
Home Address: _____	Home Address: _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone Numbers: Home ( ) _____ Work ( ) _____ Ext. _____	Phone Numbers: Home ( ) _____ Work ( ) _____ Ext. _____
Occupation _____	Occupation _____
Employer's Name: _____	Employer's Name: _____
Employer's Address: _____	Employer's Address: _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____

## ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I, \_\_\_\_\_, acknowledge that I am responsible and liable for all charges incurred at Forest Park Pediatrics, P.C. even if I am not the subscriber for the insurance. I agree to pay in full at the time of the visit for any charges for co-pay or non-covered services. I agree to pay in full for any charges applied to deductible, co-insurance amount due or other balances not paid by insurance within 30 days from the statement date. I authorize the release to my insurance company any medical information necessary to process a claim, and hereby assign payment of all medical benefits to Forest Park Pediatrics, P.C.

Signature \_\_\_\_\_