

Edgewood Center Pediatrics P.C.

PATIENT INFORMATION

Name of Minor/Child _____
Last Name First Name Middle Initial
Gender: _____ Age _____ Birthdate _____
Family status: Married _____ Divorced _____ Widowed _____ Single _____
Whom may we thank for referring you? _____

PARENT/GUARDIAN INFORMATION

Father's/Guardian's Name _____
Employer _____
Social Security # _____
Birthdate _____
Do you have insurance coverage for the minor/child? _Y_N
Plan Name _____

Mother's/Guardian's Name _____
Employer _____
Social Security # _____
Birthdate _____
Do you have insurance coverage for the minor/child? _Y_N
Plan Name _____

EMERGENCY CONTACT

In case of an emergency who should we contact?
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

NOTICE AND ACKNOWLEDGEMENT OF PRIVACY NOTICE

Acknowledgement:
I acknowledge that I received the Notice of Privacy Practices.

Patient or personal representative signature Date

If personal representative's signature appears above, please describe relation to the

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 the strictest of confidence and it is my responsibility to inform this office of any changes in my minor/child's medical status.

I certify that my minor/child is covered by insurance with _____
(name of insurance company)

and assign directly to Dr. _____ all insurance benefits, if any otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether medical or electronic.

Parent/Guardian Signature _____ Date _____