

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

**Preston Ridge Pediatric Associates, P.C.
Parent and Patient Information**

DATE: _____ Email _____

Mother's name: _____ Maiden Name _____

Address _____

City _____ ST: _____ Zip: _____ Home #: _____

SSN#: _____ Date of Birth: _____ Cell #: _____

Employer: _____ Employer Phone#: _____

Father's name: _____

Address (if different than that listed above) _____

City _____ ST: _____ Zip: _____ Home #: _____

SSN#: _____ Date of Birth: _____ Cell #: _____

Employer: _____ Employer Phone#: _____

Insurance Carrier : _____ Policy Holder name: _____
 ID # _____ Group# _____

Who referred you to our practice? _____

Name(s) of Child(ren) Please include first and middle		Date of Birth
1.	<input type="checkbox"/> M <input type="checkbox"/> F	
2.	<input type="checkbox"/> M <input type="checkbox"/> F	
3.	<input type="checkbox"/> M <input type="checkbox"/> F	
4.	<input type="checkbox"/> M <input type="checkbox"/> F	
5.	<input type="checkbox"/> M <input type="checkbox"/> F	

Children live with, Mom, Dad, both or other (specify) _____

Payment and Insurance Policy

Fees for all medical care are to be paid at the time of service. If you are insured by one of the plans with which we are contracted, your deductible, co-insurance, and/or copay is due at the time of service. If payment is not made at the time of service, you will assessed a 15.00 service charge. ID cards must be presented or we must be able to access your plan information via the Internet in order for us to file your claim and collect only copays, deductibles and co-insurance. It is your responsibility to present your card, know and understand the benefits, limitations and requirements of your insurance plan.

I have read and understand the above insurance information and I hereby authorize payment to be made directly to Preston Ridge Pediatric Associates, PC for all covered benefits under my insurance policy and I understand that I am financially responsible for any unpaid portions not covered by my insurance.

Signature _____ Date _____

Entered on: _____
 Entered by: _____