



Promise Pediatrics

Date: _____

Acct #: _____

PATIENT INFORMATION		
Name:		DOB:
Preferred Name:		Sex:
Address:		Social Security #:
City:		
State:	Zip:	Marital Status:
Preferred Pharmacy:		
Pharmacy Location:		Pharmacy Phone:
GUARDIAN		
Name:		DOB:
Email:		Sex:
Address:		Social Security #:
City:		Phone #:
State:	Zip:	Preferred Communication? <input type="checkbox"/> Phone <input type="checkbox"/> Text
Employer Name:		Text messages allowed at this number?
Employer Phone:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Relation to Patient:		Marital Status:
BILLING RESPONSIBLE PARTY		
Name:		DOB:
Email:		Sex:
Address:		Social Security #:
City:		Phone #:
State:	Zip:	Marital Status:
Relation to Patient:		
Employer Name:		Employer Phone:
EMERGENCY CONTACT INFORMATION		
Name:		
Phone:	Relation:	

INSURANCE INFORMATION	
Primary:	
Name of Policy Holder:	DOB:
Relation to Patient:	Social Security #:
ID Number:	
Employer:	
Secondary:	
Name of Policy Holder:	DOB:
Relation to Patient:	Social Security #:
ID Number:	
Employer:	
WHO MAY BRING PATIENT FOR APPOINTMENTS?	
I authorize the following person(s) to obtain treatment (including immunizations) for the patient listed above from Promise Pediatrics.	
Name:	Relation to Patient:
Name:	Relation to Patient:
Name:	Relation to Patient:
Name:	Relation to Patient:
Name:	Relation to Patient:

I authorize payment of medical benefits to the provider of service rendered and authorize the release of any medical information necessary to process insurance claims and certify that the information contained in this form is correct. I have reviewed the HIPPA policy in place at Promise Pediatrics and am in agreement with it. I understand it is my responsibility to notify Promise Pediatrics of any changes in insurance coverage and if I fail to notify this office *I will be responsible for paying the bill in full*. I also understand that if the account is turned over to a collection agency, I am responsible for any fees related to this service.

Signature of Patient/Responsible Person

Date