

Hometown Pediatrics

PATIENT INFORMATION

(Please Print Clearly)

Patient Name: _____ Date of Birth: _____ Sex: ____ Male ____ Female

Social Security #: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

Father's Name: _____ Occupation: _____

Employer: _____ Address: _____

Work #: _____ E-mail Address: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Address: _____

Work #: _____ E-mail Address: _____

Emergency Contact (other than spouse)

Name: _____ Relationship to patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Insurance Information

Insurance information is a necessary part of your child's record. We will strive to direct your care and your need for specialist consults, lab work and other tests according to your managed care guidelines. However, our office deals with many different plans and **it is the patient's responsibility to make sure that all facilities and specialists that we refer you to are on your health plan.** Please verify their participation **BEFORE** services are rendered to receive network benefits from your insurance company.

Primary Insurance	Secondary Insurance
Policy Holder: _____	Policy Holder: _____
DOB: _____ SS#: _____	DOB: _____ SS#: _____
Relationship to Patient: _____	Relationship to Patient: _____
Insurance Company: _____	Insurance Company: _____
Address: _____	Address: _____
Phone #: _____ Eff. Date: _____	Phone #: _____ Eff. Date: _____
ID #: _____ Group #: _____	ID #: _____ Group #: _____

To whom may we thank for referring you to Hometown Pediatrics? _____

Please sign below signifying that you authorize Hometown Pediatrics to treat the above patient. By signing this you also authorize payment of medical benefits, release of correspondence and/or medical records to other medical providers involved in your child's care. I have also read and understand the Hometown Pediatrics Financial Policy.

Signature of Parent or Guardian

Date