

PATIENT INFORMATION

TODAY'S DATE _____

CHILD'S NAME (FIRST) _____ (MIDDLE) _____ LAST _____

DATE OF BIRTH _____ SEX _____ RACE _____ EMAIL _____

ADDRESS _____

HOME PHONE# _____ SOCIAL SECURITY# _____

MAY WE LEAVE MESSAGE AT HOME/ANSWERING MACHINE REGARDING APPOINTMENTS/TEST RESULTS?

PLEASE CIRCLE: YES NO

MOTHER/GUARDIAN'S NAME _____ MI _____ LAST _____

ADDRESS _____

MOTHER'S MAIDEN NAME _____

HOME PHONE# _____ CELL PHONE/PAGER _____

EMPLOYER _____ WORK PHONE # _____

SOCIAL SECURITY# _____ DATE OF BIRTH _____

FATHER/GUARDIAN'S NAME _____ MI _____ LAST _____

ADDRESS _____

HOME PHONE# _____ CELL PHONE/PAGER _____

EMPLOYER _____ WORK PHONE# _____

SOCIAL SECURITY# _____ DATE OF BIRTH _____

RELATIVE/FRIEND NOT LIVING WITH YOU IN CASE OF EMERGENCY _____

HOME PHONE# _____ WORK PHONE# _____ CELL PHONE# _____

AUTHORIZATION AND ASSIGNMENT:

I HEREBY AUTHORIZE **Children's Medical Group of Salisbury, PA** TO FURNISH INFORMATION TO INSURANCE CARRIERS CONCERNING MY CHILD'S ILLNESS AND TREATMENTS, AND HEREBY ASSIGN TO **Children's Medical Group of Salisbury, PA**, ALL PAYMENT FOR MEDICAL SERVICES RENDERED TO MY CHILD. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE. A COPY OF THIS SIGNATURE IS AS VALID AS THE ORIGINAL. WHEN PAYMENT IS NOT MADE AS AGREED, ACCOUNT BALANCES MAY BE SENT TO OUTSIDE COLLECTION FIRMS FOR LEGAL COLLECTION ACTION. THE GUARANTOR OR RESPONSIBLE PARTY SHALL BE RESPONSIBLE FOR AND AGREE TO PAY ALL REASONABLE COLLECTION COSTS, INCLUDING, BUT NOT LIMITED TO, REASONABLE COLLECTION AGENCY FEES, ATTORNEY'S FEE AND COURT COSTS.

SIGNATURE _____ DATE _____

- MYSIS
- AMAZING