

CHILDREN'S PROGRAM INFORMATION FORM

BY PROVIDING THIS INFORMATION, I AUTHORIZE YOU TO GIVE REASONABLE AND PROPER CARE BY TODAY'S STANDARDS

Patient: _____ Date: _____
Last, First Full Legal Name Name to address child

Birthdate: _____ Gender Identity _____ Birth Sex: _____

Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Cell Phone: _____ Other Phone: _____

Name and DOB of siblings who have received services in the last 4 months as patients at this clinic:

Parent #1 _____
(Last) (First) (Middle) (DOB)

Parent #2 _____
(Last) (First) (Middle) (DOB)

Billing Address: _____
(If different) (Street/P.O. Box) (City) (State) (Zip)

E-mail Address: _____
(By furnishing my email address, I consent to the use of email to communicate.)

Patient's Primary Care Physician: _____ Referred: Yes No

Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Primary Insurance Company: _____
(Name) (Billing Address)

Subscriber's Name: _____ Subscriber's DOB: _____ Relationship to Client _____

Identification #: _____ Group #: _____

All patients must maintain a credit card on file. The amount for which you are responsible will be processed following your visit. Balances remaining after 90 days will be charged to avoid further billing or collection fees. Billing staff will attempt to contact the financially responsible party prior to authorizing payment of overdue charges.

Visa Mastercard Discover American Express

Card# _____ Zip Code _____ Exp _____ Security Code _____

Signature of Financially Responsible Party Relationship to Patient Date

Please Print Name of Responsible Party Statement Email Address

PLEASE INFORM US IF YOU HAVE SECONDARY INSURANCE

This form MUST be filled out COMPLETELY and received prior to your first appointment. A health insurance card MUST be presented at the first appointment. Federal Law requires verification of the identity/address of the patient, patient, person responsible for fees, and insurance subscriber. Please be prepared to provide this documentation with a PHOTO ID with an address or alternate documentation of address at check-in.