Child Registration Form

PATIENT INFORMATION:

Patient Name: _____ M / F

Last | First | MI | Gender | Date of Birth

Street | Apt # | City | State | Zip | Primary Phone #

Father's Name: _____ xxx - xx - _____

DOB (Required for ins. purposes) | Last 4 Digits of SSN (for ins. purposes)

Address (if different from patient) | Apt # | City | State | Zip

Home phone # | Office Phone # | Cell Phone # | Email Address

Mother's Name: _____ xxx - xx - _____

DOB (Required for ins. purposes) | Last 4 Digits of SSN (for ins. purposes)

Address (if different from patient) | Apt # | City | State | Zip

Home phone # | Office Phone # | Cell Phone # | Email Address

Referring Doctor | Clinic Name | Primary Care Doctor | Clinic Name

Other family members seen in this office

Any correspondence should be sent to: □ Mother & Father □ Mother □ Father □ Other:

INSURANCE INFORMATION:

Primary Insurance: _____

Insurance Co. Name | Subscriber Name | Date of Birth

Insurance Address | ID # | Group #

Secondary Insurance: _____

Insurance Co. Name | Subscriber Name | Date of Birth

Insurance Address | ID # | Group #

I hereby authorize Northwest Pediatric Eye Care to release any medical or other information necessary in order to process insurance claims billed on my behalf. I also authorize payment directly to the doctor for any benefits available under my insurance plan. I understand that I am financially responsible for any non-covered charges and any charges incurred by a collection agency in collecting any unpaid balances, and ***it is ultimately my responsibility to know the full extent of my insurance coverage.*** I understand there is a $35.00 fee for missing scheduled appointments without at least 24 hours advanced notice.

CO-PAYMENT IS DUE AT THE TIME OF SERVICE

_____

Signature of responsible party | Date

Acknowledgement of Receipt of Privacy Practices

By my signature below, I acknowledge that I have received a notice of the privacy practices of Northwest Pediatric Eye Care.

_____

Signature of responsible party | Date

NWPEC 9/25/2005, Revised 12/07, 3/11, 8/2013, 11/2013, 10/2014