

Lakewood Pediatric Associates

Today's Date:

ACCT#

Patient Registration Form

Patient Information

Patient's Full Legal Name (Last, First, Middle)		Date of Birth	Sex
Preferred Method of Contact: Phone <input type="checkbox"/> Text <input type="checkbox"/>	Primary Phone	Secondary Phone	
Street Address		Marital Status of Parents: Married Separated Divorced Single	
City	State Zip		
Parent/Guardian Email Address:			
Race: Caucasian African American Hispanic Asian Pacific Islander Other		Who does the patient live with? Both Parents Mother Father Other _____	

Primary Language: English Spanish Chinese Japanese French ASL/SEE Other _____

Parent or Legal Guardian Information () check if legal guardian is other than birth parent

Name (Last, First)	Date of Birth	Occupation
Home Address (if different from above)		Employer
City	State Zip	Business Address
Primary Phone	Secondary Phone	City, State Zip
Social Security Number	Sex	Business Phone

Other Parent Information

Name (Last, First)	Date of Birth	Occupation
Home Address (if different from above)		Employer
City	State Zip	Business Address
Primary Phone	Secondary Phone	City, State Zip
Social Security Number	Sex	Business Phone

Emergency Contact (Not Living with Patient)

Name (Last, First)	Phone Number	Relationship to Patient
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Primary Insurance Information

Insurance Company Name	
Policy Holder	Effective Date
Subscriber ID	Group Number

Secondary Insurance Information

Insurance Company Name	
Policy Holder	Effective Date
Subscriber ID	Group Number

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Other Children in Family		
Full Legal Name (Last, First, Middle)	Date of Birth	Sex
Full Legal Name (Last, First, Middle)	Date of Birth	Sex
Full Legal Name (Last, First, Middle)	Date of Birth	Sex
Full Legal Name (Last, First, Middle)	Date of Birth	Sex
Full Legal Name (Last, First, Middle)	Date of Birth	Sex
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Financial Responsibility

The Guarantor for the child is responsible for all co-payment, co-insurance and deductible amounts. Additionally, the Guarantor is responsible for all charges and supplies that are not covered by the insurance. Payment will be collected at the time of service for any known account balance in addition to any co-payment amount.

Responsibility Disputes

Lakewood Pediatric Associates, PLLC will not intervene in any custody dispute or financial responsibility dispute. The adult or legal guardian accompanying the child is responsible for full payment and will be set up as the person who will receive the bill. Lakewood Pediatric Associates, PLLC will not be involved in negotiating between parents or guardians in billing disputes.

Assignment of Benefits and Release of Information

I authorize my insurance benefits to be paid directly to Lakewood Pediatric Associates, PLLC and authorize the release of any medical information necessary to process insurance claims.

I verify the information provided on the registration form is correct.

Signature of Parent or Legal Guardian (Guarantor)

Date

Relationship to child