

Premier Pediatrics Patient Registration

Patient and Sibling Information

Last	First	Middle	DOB	SSN	Sex (Circle)
_____	_____	_____	____/____/____	_____	M / F
_____	_____	_____	____/____/____	_____	M / F
_____	_____	_____	____/____/____	_____	M / F
_____	_____	_____	____/____/____	_____	M / F

Parent's Information

Mother's Information				Father's Information			
Last	First	Middle	DOB	Last	First	Middle	DOB
_____	_____	_____	____/____/____	_____	_____	_____	____/____/____
SSN: _____				SSN: _____			
Email Address: _____				Email Address: _____			
Street Address: _____				Street Address: _____			
City, State, Zip _____				City, State, Zip _____			
Home Phone: _____				Home Phone: _____			
Cell Phone: _____				Cell Phone: _____			
Name of Employer: _____				Name of Employer: _____			
Work Phone: _____				Work Phone: _____			

Responsible Party (if other than above)

Name: _____ Relationship: _____
Street Address: _____
City, State, Zip _____ Phone: _____

Guarantor Information (to whom statements are sent)

Name: _____ Relationship: _____
Street Address: _____
City, State, Zip _____ Phone: _____

Emergency Contact Information

Name (other than parent) _____ Relationship: _____
Street Address: _____
City, State, Zip _____ Phone: _____

How did you hear of us or who referred you? _____

Authorizations / Attestations

1. I authorize you to give my child/children reasonable and proper medical care by today's standards.
2. I hereby assign all medical benefits including Medicaid, private insurance and other health care plans to Premier Pediatrics. I understand that should collection activity become necessary, I will be responsible for those additional costs. I hereby authorize Premier Pediatrics to apply for benefits on my behalf for covered services rendered or ordered and to release any medical or other information necessary to process claims. I request that payment from my insurance company be made directly to Premier Pediatrics of Palm Beach.
3. I have been informed of the Privacy Practices from Premier Pediatrics. A copy of this notice is available in the lobby at all times. I also understand that I can receive a copy of this notice at any time.

Signature: _____

Date: _____