

PREMIER PEDIATRICS

Where Kids Come First

TODAY'S DATE _____

HOW DID YOU HEAR ABOUT US? (Circle) Friend, Family Member, Hospital, Google, Insurance Company Website,
Other Insurance Company Source, Other Internet Source, School, Other _____

PATIENT INFORMATION

Patient's full name _____ Social Security # _____
Last First M.I.

Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Home Phone () _____ Date of Birth _____ Sex: male ___ female ___

PRIMARY INSURANCE INFORMATION

Patient lives with the insured? : Yes ___ No ___

Name of Insurance _____ Insurance Phone _____

Policy # _____ Group # _____

Insured's Full Name _____ Relationship to patient _____

Address _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Ext _____

Cell Phone () _____ Date of Birth _____ SS# _____

Employer _____ Employer Address _____

Is there any other insurance on this or any of the children listed below? Yes ___ No ___

If yes please list other insurance and the children it covers _____

PARENT/ GUARDIAN (circle one)

Lives with patient: Yes ___ No ___

Full Name _____ Relationship to patient _____

Address _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Ext _____

Cell Phone () _____ Date of Birth _____ SS# _____

Employer _____ Employer Address _____

OTHER PARENT/ GUARDIAN (circle one)(If not already listed)

Lives with patient: Yes ___ No ___

Full Name _____ Relationship to patient _____

Address _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Ext _____

Cell Phone () _____ Date of Birth _____ SS# _____

Employer _____ Employer Address _____

NAMES AND DATES OF BIRTH OF ALL OTHER CHILDREN COMING TO THE PRACTICE
NAME SAME ADDRESS? DATE OF BIRTH SAME INSURANCE?

SIGNATURE OF RESPONSIBLE PARTY _____