BRENTWOOD PEDIATRICS PATIENT REGISTRATION

Patient Name: _____

Gender (circle one) Male / Female Date of Birth_____SSN#_____

Address_____

City:_____State :_____Zip:_____

Primary Phone:_____Alternate Number:_____

Parent/Guardian (PRIMARY): _____Occupation:_____

Parent Social Security _____Date of Birth:_____

Parent/Guardian (SECONDARY):_____Occupation:_____

Parent Social Security _____Date of Birth:_____

Email address so that we may set up your patient portal: _____

Does the patient live with both parents? _____

If not, which parent does the child live with? _____

Insurance Information

PLEASE PRESENT COPY OF YOUR CARD AT EACH APPOINTMENT

CO-PAYS, DEDUCTIBLES AND NON-COVERED SERVICES ARE DUE AT THE TIME OF SERVICE.

Primary Insurance Carrier: _____ Employer: _____

Policyholder:_____Occupation: _____

*******please provide your insurance card to the receptionist*********

Secondary Insurance Carrier: _____ Employer: _____

Policyholder: _____Occupation: _____

*******please provide your insurance card to the receptionist*********

Please list any Siblings_____

Pharmacy Name:_____Phone Number:_____

Address:_____

Emergency Contact_____Relationship to patient_____

Address _____Phone:_____

Please list any person (other than parent or emergency contact) allowed to give/receive information about your child's healthcare: (This may include older siblings)

Name:_____Relationship:_____

Name:_____Relationship:_____

Please circle

Race: Asian Black/African American Hispanic Other Pacific Islander White Other Refused to report

Ethinicity: Hispanic Non Hispanic Refused to report

Language: English Other Refused to report

Would you like a copy of the HIPPA Privacy Notice? YES / NO

This signature authorizes Brentwood Pediatrics, PLLC permission to treat your child, file appropriate insurance claims, and hold you financially responsible for any services preformed for your child's care. Should your account be referred to an outside collections agency, you will be responsible for any collections fees.

Signature:_____Date:_____