

PATIENT REGISTRATION

PATIENT REFERRED BY _____ TODAY'S DATE _____
PATIENT NAME _____ SOC. SEC. #. _____
STREET ADDRESS _____ DATE OF BIRTH _____ AGE _____
CITY/STATE _____ ZIP _____ TEL #. _____
CELL #. _____ E-MAIL ADDRESS _____

FATHER / GUARDIAN INFORMATION

NAME _____ MARITAL STATUS S M W SEP D
STREET ADDRESS _____ CITY/STATE _____ ZIP _____
DOB _____ SOC.SEC #. _____ E-MAIL ADDRESS _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____ CITY/STATE _____ ZIP _____
OCCUPATION _____
TEL. #. _____ CELL #. _____ WORK #. _____

MOTHER / GUARDIAN INFORMATION

NAME _____ MARITAL STATUS S M W SEP D
STREET ADDRESS _____ CITY/STATE _____ ZIP _____
DOB _____ SOC.SEC #. _____ E-MAIL ADDRESS _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____ CITY/STATE _____ ZIP _____
OCCUPATION _____
TEL. #. _____ CELL #. _____ WORK #. _____

EMERGENCY INFORMATION

NAME _____ CELL # _____ HOME # _____
RELATIONSHIP _____
NAME _____ CELL # _____ HOME # _____
RELATIONSHIP _____

INSURANCE INFORMATION

PRIMARY INSURANCE CO. NAME ID# PLAN GROUP
SUBSCRIBER'S NAME RELATIONSHIP SUBSCRIBER'S EMPLOYER
SECONDARY INSURANCE CO. NAME ID# PLAN GROUP
SUBSCRIBER'S NAME RELATIONSHIP SUBSCRIBER'S EMPLOYER

CONSENT FOR TREAT AND FINANCIAL AGREEMENT

I/ We do hereby consent to and authorize the performance of all treatments, minor surgery and medical services by Pediatric Endocrinology Associates which they deem advisable.

ASSIGNMENT OF BENEFITS: I hereby assign all medical and/or surgical benefits, to include major benefits to which I am entitled, including medical, private insurance or any other health plan to Pediatric Endocrinology Associates. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure payment. I hereby certify that, to the best of my knowledge all statements contained hereon are true. I understand that I am directly responsible for all charges incurred by medical services for myself and my dependents regardless of insurance coverage. I furthermore agree to pay legal interest, collection expense, and attorney's fees, should it become necessary to assign any amount I may owe for collection. I fully understand that this agreement, consent and assignment of benefits will continue until cancelled by me in writing.

REMARKS _____
Signed _____ Date _____ Witness _____ Date _____