New Patient Information Sheet

Village Pediatrics, LLC

Today's Date: _____ Gender: _____

Patient Information: _____ Date of Birth: _____
Last First Middle

SS# _____

Address: _____ Home Phone: (____) _____
Street; Apt#

_____
City State Zip

Parent(s)/Guardian(s) Information:

(1) _____ Relationship to Patient: _____
Last First Middle SS#_____

Email Address: _____

Address: _____ Cell Phone: (____) _____

Occupation: _____Work Phone: (____) _____

Work Address: _____

(2) _____ Relationship to Patient: _____
Last First Middle SS#_____

Email Address: _____

Address: _____ Cell Phone: (____) _____

Occupation: _____Work Phone: (____) _____

Work Address: _____

In case of Emergency, please provide a name of a friend or relative:

_____ Phone: (____) _____ Relationship to Patient: _____
Last First

Health Information:

Primary Insurance
Company Name: _____
ID# _____
Group: _____
Address: _____
Subscriber's Name: _____
Subscriber's DOB: _____
Subscriber's SS# _____
Copay: _____

Secondary Insurance
Company Name: _____
ID# _____
Group: _____
Address: _____
Subscriber's Name: _____
Subscriber's DOB: _____
Subscriber's SS# _____
Copay: _____

Office Policy

I authorize Village Pediatrics, LLC to treat my child. I understand that payment is expected in full at time services are rendered by the person accompanying the child for treatment. If our office is a participating provider with your insurance carrier, a non-covered service(s), co-pay, and/or deductibles will be collected at time of visit. Arrangements for anything other than full payments at time of service must be made prior to your appointment. It is the responsibility of the guarantor to understand and accept guidelines set up within the individual's insurance plan. If you are unable to provide us with complete insurance information at the time of your visit you will be responsible for payment of services in full. I understand that I am financially responsible for any balance not covered by my insurance carrier, I have read and understand the office policy for payment and agree to the terms stated.

Parent/Guardian Signature: _____ Date: _____