Pediatric Associates – Fairfield, Hamilton, West Chester & Harrison
Patient Information
Please Print

Patient Name _____ **DOB** ____/____/____ **M**____ **F**___
First Middle Last

SS # _____-_____-_____ **Resides with:** _____**Language:** _____

Ethnicity: **Hispanic/Latino / Not Hispanic Latino / Declined to Specify** ⇦ **(Circle one of each)** ⇩

Race: American Indian or Alaskan Native / Asian / Black or African American / Hawaiian Native or Pacific Islander / White / Declined

Billing Information

Parent/Legal Guardian: _____ SS# _____ DOB ____/____/____
First Middle Last

Email address: _____ Relationship to patient: _____

Address_____ Apt #_____ City_____ State___ Zip _____ Phone (____)_____

Employer _____ Work Phone (____)_____ Cell Phone (____)_____

Parent/Legal Guardian: _____ SS# _____ DOB ____/____/____
First Middle Last

Email address: _____ Relationship to patient: _____

Address_____ Apt #_____ City_____ State ____Zip_____ Phone (____)_____

Employer _____ Work Phone (____)_____ Cell Phone (____)_____

*******Do you have custody paperwork for us to keep on file?* **Yes _____ No _____ ****

Other Insured's Name _____ SS # _____ DOB ___/___/___
First Middle Last

Address_____ Apt #_____ City_____ State____ Zip_____ Phone (____)_____

Employer _____ Work Phone (____)_____ Cell Phone (____)_____

Relationship to patient: _____

<u>Insurance Information</u> (In order to file insurance claims, we <u>must</u> have a copy of the insurance card)

<u>Please note</u>: You are responsible to make us aware of all forms of insurance coverage

I certify that I have received a copy of Pediatric Associates of Fairfield, Inc.'s Notice of Privacy Practices.
Signature _____ Date _____

Signature below is authorization to file insurance by HCFA 1500 or electronically. The signature is also validation that all of the information listed above is true and accurate to the best of your knowledge. I fully understand and agree to the above listed policies.

Signature of Person Requesting Care _____ Date _____/_____/_____

PAF – tc/ljm/sls 2/3/16