



# Northeast Pediatrics



## Patient Registration

Child's Name: _____		DOB: _____	
_____ Last	_____ First	_____ MI	
Gender: M F Nickname: _____		Current Grade in School: _____	
Home Address: _____		Apt/Unit Number: _____	
City: _____		State: _____	Zip Code: _____
Home Phone Number: _____		Cell Phone: _____	Best phone number to reach you? _____
Email: _____		Ok to send office updates via email? _____	
Child lives with: _____		Whom can we thank for this referral? _____	

## Family Information

Father/Guardian's Name: _____		Address (if different): _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	DOB: _____
SSN: _____	Drivers License #/State: _____	Employer: _____	
Mother/Guardian's Name: _____		Address (if different): _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	DOB: _____
SSN: _____	Drivers License #/State: _____	Employer: _____	
Siblings Name: _____	DOB: _____	Siblings Name: _____	DOB: _____
Siblings Name: _____	DOB: _____	Siblings Name: _____	DOB: _____

## Insurance Information

Insurance Subscribers Name: _____		
Plan: _____	Policy Number: _____	Group Number: _____
<p>The information that I have given is correct to the best of my knowledge. I understand that it will be held in the strictest confidence and it is my responsibility to inform the office of any changes in my child/minor's medical status and/or insurance.</p> <p>I certify that my child/minor has insurance coverage with _____ and is assigned directly to Northeast Pediatrics for all insurance benefits, if any, otherwise payable by me for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize the doctor to release all information necessary to secure payment benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>		
<input type="checkbox"/> I have read and understand the Northeast Pediatrics Patient Policies.		

## Emergency Contacts

In the event of an emergency, who should contact(other then parent/guardian):		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

