Springdale-Mason
PEDIATRIC ASSOCIATES, INC.

SPRINGDALE-MASON PEDIATRICS PATIENT INFORMATION:

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

How did you hear about our practice? _____

RESPONSIBLE PARTY INFORMATION:

Father's Name: _____ Does patient live with you? ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Birth date: _____ Social Security Number: _____

Mother's Name: _____ Does patient live with you? ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Birth date: _____ Social Security Number: _____

EMERGENCY CONTACT:

Name and phone number of person (grandparent, friend, etc.) to be reached in case of emergency:

Name: _____ Phone number: _____

INSURANCE INFORMATION:

PRIMARY INSURANCE:

Name of Insurance: _____

Address of Insurance: _____

Name of Subscriber: _____ Relationship to patient: _____

Insurance ID: _____ Group Number: _____ Employer: _____

SECONDARY INSURANCE:

Name of Insurance: _____

Address of Insurance: _____

Name of Subscriber: _____ Relationship to patient: _____

Insurance ID: _____ Group Number: _____ Employer: _____

I hereby authorize my insurance to be paid directly to Springdale-Mason Pediatrics realizing that I am responsible to pay non-covered services and procedures and I hereby authorize the release of pertinent medical information to the insurance carrier(s).

Signature: _____ Date: _____

In the event that the parent(s) or legal guardian(s) are unable to accompany the child during an office visit, I hereby authorize the physicians of Springdale-Mason Pediatrics to evaluate and treat any and all conditions that require attention.

Signature: _____ Date: _____

I give Springdale-Mason Pediatrics permission to leave information that includes patient name, and limited medical information on my voice mail or answering machine.

Signature: _____ Date: _____