

Coastal Healthcare REGISTRATION PEDIATRICS

PLEASE COMPLETE ALL INFORMATION. PRINT AND SIGN WHERE REQUIRED

PATIENT INFORMATION

PRINT

REFERRED BY: _____

Last: _____
First _____ MI _____
Nickname: _____
Address _____
City _____
State _____ Zip _____
Please put an (X) next the your preferred contact number:
Home# _____ (____)
Cell # _____ (____)

PRIMARY CARE DR: _____
Date of Birth _____
Sex: ____ Male ____ Female
Marital Status: ____ Single ____ Married

PATIENT'S INFO:

Social Security # _____
Employer: _____
Employ status: __F/T __P/T
Student: __F/T __P/T

PRIMARY INSURANCE

INS CO _____
ID # _____ COPAY \$ _____
PT's Relationship: __Self __Spouse __Child __Part
If Insured is other than patient (self):
Insured name: _____
SS# _____ DOB _____
Employer: _____ Copay Amount \$ _____

SECONDARY INSURANCE

INS CO. _____
ID # _____ COPAY \$ _____
Pt's Relatiion: __Self __Spouse __Child __Partner
Insured name: _____
SS# _____ DOB _____
Employer: _____ Copay Amount \$ _____

EMERGENCY CONTACT:

Name: _____ Relationship _____
Address if different that patient: _____ Phone: _____
Street: _____ City _____ Zip _____

Private Insurance Authorization Assignment of Benefits/ Informaton Release:

I, the undersigned, authorize payment of a medical benefit to Coastal Healthcare for any services furnished me by the physician. I understand that I am financially responsible for any amoutn not covered by my insurance. I also authorize you to release to my insurance company information concerning healthcare, advice, treatment or supplles provided to me. This information will be used for hte purpose of evaluating and administering claim benefits.

Patient Signature: _____ Date: _____

If the patient is a minor or under 18 years of age, the parent or guardian must complete the information below and sign. Signature of Responsible Party Required.

Parent/Guardian Name: _____

Social Security: _____ Date of Birth _____

Address if different than Patient: _____

Phone if different than Patient _____

Signature: _____ Date _____