

PATIENT REGISTRATION

Child's Name		PCC#.	
Home Address:			
City:		State	Zip
Home Phone No.		Child's SS No	
Mom Cell Phone No.		Dad Cell Phone No.	
Sex: M F	DOB:	RACE: _White _Black _Asian _Declined to answer	
		ETHIGENICITY: _Unknown _Hispanic _Not Hispanic _Declined to answer	
Mother's Name:		DOB:	SS No
Father's Name:		DOB:	SS No
Employer: Mother		Work No	Email
Employer: Father		Work No	Email
Emergency other than parent: Name			Phone:
Emergency other than parent: Name			Phone:
Siblings:			
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Primary Insurance Co:		Secondary:	

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in the place of the original. This authorization may be revoked in writing by me or my insurance company at any time.

I hereby authorize Dr. Loeffler/NP through the billing company being used to file the insurance on my behalf and as a **courtesy** for services rendered by her/NP or ordered by her/NP. I request that payment from the insurance company be made directly to Dr. Loeffler/NP through the billing company.

I certify that the information I have reported in regard to my insurance coverage is correct. I accept responsibility for payment for all non-covered services, co-payments, deductibles and co-insurance amounts at the time of service and understand that it is my responsibility to be aware of this.

If applicable, payment for VFC vaccines is due at the time of service.

Checks submitted for payment will be processed electronically.

Effective April 1, 2012 there will be a co-payment for Peach Care patients over 6 years of age for medical services rendered **excluding** well child care.

I understand that the office policy is that if there are **2 No Show** appointments, my child and siblings if applicable will be discharged from the practice unless extenuating circumstances occur, but our office must be notified.

Date _____ Signature _____