



Patient Name: _____ **Date of Birth:** _____
Last First Middle

Male Female Patient Social Security Number (SSN): _____

Cell Phone #: _____ Alternate Phone #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Preferred Billing Method: Email Mail

Race: Black White Hispanic Asian Indian Ethnicity: Hispanic Non-Hispanic

Primary Language: English Spanish Other: _____

Siblings: Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Father: _____ DOB: _____ SSN: _____

Father Employer: _____ Work Phone: _____

Mother: _____ DOB: _____ SSN: _____

Mother Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Primary Insurance Company: _____ Employer: _____

Policy/Member #: _____ Group #: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber SSN: _____ Subscriber Phone #: _____

Subscriber Address: _____ City: _____ State: _____ Zip Code: _____

Secondary Insurance Company: _____ Employer: _____

Policy/Member #: _____ Group #: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber SSN: _____ Subscriber Phone #: _____

Subscriber Address: _____ City: _____ State: _____ Zip Code: _____

Please Check Your Primary Provider:

- Tift, MD Smith, MD Kacsoh, MD Slade, MD Payne, MD Cawley, MD Boatright, MD
 Waters, MD R. Ford, MD Kinnebrew, MD J. Ford, MD Coker, MD Milner, CPNP

Lab Waiver

Certain lab specimens are sent to outside labs for processing. We will send the specimen to the laboratory that participates with your insurance carrier, to the best of our knowledge. If your specimen is sent to the wrong lab, **Primary Pediatrics, P.C. will not be responsible for any fees incurred for processing.** It is your responsibility to know your insurance policy and the facilities with which they are contracted. Please check your lab below. If it is not listed, please write it in.

Quest Lab Corp Lab One Medical Center Other: _____

Primary Pediatrics, P.C. ultimately holds both parents responsible for payment. Please note, in circumstances where parents are separated or divorced, the practice does not act as a mediator in collecting payments due. If the account is not resolved in a timely manner, both parent's information will be submitted for collections unless legal documents are on file which dictate otherwise. **I attest that all information on this form is accurate to the best of my knowledge. I acknowledge that I am responsible for any discrepancies.**

Date: _____ Guarantor Signature: _____ Printed Name: _____