



**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:**

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

**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: \_\_\_\_\_