



Patient Demographic Information

- New Patient
- Return Patient

Name of Patient _____ Birthday _____ Sex M F

Home Address _____ Zip code _____

Home Phone _____ Cell Phone _____ Social Security # _____

School _____ Grade _____

Pharmacy _____ Email _____

Name of Mother/Guardian _____ DOB: _____ Social Security # _____

Home Address _____ Email address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Father/Guardian _____ DOB: _____ Social Security # _____

Home Address _____ Email address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of local Friend or Relative (not living at same address) _____

Relationship to patient _____ Home Phone _____ Cell Phone _____

Primary Insurance Carrier Information

Policy Holder/Responsible Party _____ Relationship to Patient _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Insurance Company _____ Subscriber I.D. # _____

Effective Date of Coverage _____

Secondary Insurance Carrier Information

Policy Holder/Responsible Party _____ Relationship to Patient _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Insurance Company _____ Subscriber I.D. # _____

Effective Date of Coverage _____

Our clinic strives to maintain current patient demographic and insurance information. Please report any changes. Copies of your insurance cards and driver's license will be taken. Co-pays are due at the time services are rendered. THANK YOU.

Assignment and Release

I hereby authorize payment directly to Chicago Pediatric Clinic for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on behalf of my dependents. I authorize the above clinic to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party _____ Today's Date _____

