

# Hometown Pediatrics, LLC – Patient Intake Packet

## Parent / Legal Guardian #1

Full Name

Date of Birth

SS#

Address

Phone

Email

Employer

## Parent / Legal Guardian #2 (if applicable)

Full Name

Date of Birth

SS#

Phone

Email

Employer

Financially Responsible Party (if different)

## **Insurance Information**

### **Primary Insurance**

Insurance Company Name

Subscriber Name

Member ID

Group Number

Subscriber DOB

### **Secondary Insurance (if applicable)**

Insurance Company Name

Subscriber Name

Member ID

Group Number

Subscriber DOB

## **Children to be Registered (up to 5)**

Child 1 Full Name

Date of Birth

Child 2 Full Name

Date of Birth

Child 3 Full Name

Date of Birth

Child 4 Full Name

Date of Birth

Child 5 Full Name

Date of Birth