



Valley Pediatric Group PLC, Patient and Parent Demographic Information

CHILDS FULL NAME: _____	DOB: _____	ETHNICITY: HISPANIC NON-HISP UNKNOWN _____
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SEX: MALE _____ FEMALE _____	LANGUAGE: _____	RACE: _____
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Circle One: Mother Father Step Parent Legal Guardian

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PARENT OR PRIMARY <b>LEGAL</b> GUARDIAN: MUST FULLY COMPLETE:	OTHER PARENT OR <b>LEGAL</b> GUARDIAN:
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NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE: _____	CITY, STATE: _____
ZIP: _____	ZIP: _____
SOCIAL: _____	SOCIAL: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
EMAIL: _____	EMAIL: _____
HOME #: _____	HOME #: _____
WORK #: _____	WORK #: _____
CELL #: _____	CELL #: _____
EMPLOYER: _____	EMPLOYER: _____

↑ IS THIS THE CHILD'S PRIMARY ADDRESS?
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IF NO: LIST ADDRESS \_\_\_\_\_  
&  
PHONE # \_\_\_\_\_

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I give my consent to allow the adults listed below to bring my child to Valley Pediatric Group for care. By listing the adults below I give consent to the staff of Valley Pediatric Group to disclose protected health information at the time of the visit as needed to facilitate the medical care of my child.

**BELOW LIST ANYONE WHO IS ABLE TO BRING/SCHEDULE CHILDS APPOINTMENTS:**

Name	Relationship	Phone Number

1. I authorize the release of any information requested by insurance companies or liable third parties and I assign any insurance benefits to Valley Pediatric Group, PLC.
2. I guarantee payment of all charges incurred for the account of the above patient(s). I further agree to pay all fees and court costs incurred should collection efforts become necessary. This may include an additional service fee up to 35% of the insurance type.
3. I understand that I am ultimately response for payment of all medical charges made by the above patients regardless of my insurance type.
4. Patients agree and understand that while the Physicians do their very best to timely make their appointments that because of the nature of the health business emergencies frequently arise. By signing your name you agree that any time spent waiting on a physician is done with an understanding that the time is not compensable under any legal theory.
5. I have received a copy of the Valley Pediatric Group Financial Policy and agree to its terms.
6. I acknowledge that I have been given a copy of Valley Pediatric Group's Notice of Privacy Practices, dated March 19, 2015 Revision.

I have read and/or had this form explained to me and certify that I understand its contents.

SIGN: \_\_\_\_\_

Date: \_\_\_\_\_

SIGN: \_\_\_\_\_

Date: \_\_\_\_\_

Valley Pediatric Group  
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