LITTLE LEGENDS Pediatrics, LLC

New Patient Registration Information

PATIENT INFORMATION					
Last Name	First Name		Middle Name		
Social Security Number	Gender	Date of Birth	Name you preferred to be called/Alias		
Street Address	City	State	Zip		
Home Phone	Work Phone	Cell Phone	Email		
Interpreter Needed?	Language	Race/Ethnicity (optional)			
Previous Primary Care Provider (Name and Phone)					
Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone	
Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone	

PARENT OR LEGAL GUARDIAN INFORMATION					
Last Name	First Name	MI			
Social Security Number	Gender	Date of Birth	Relationship to the Patient		
Street Address (if different from above)	City	State	Zip		
Home Phone	Work Phone	Cell Phone			
Employer Name	Occupation	Status			

PRIMARY INSURANCE			
Insurance Company Name	Group Number	Subscriber ID Number	Copay
Subscriber's Name	Social Security Number	Date of Birth	Relationship to Patient
Subscriber's Employer Name	Subscriber's Home Phone	Subscriber's Work Phone	

SECONDARY INSURANCE			
Insurance Company Name	Group Number	Subscriber ID Number	Copay
Subscriber's Name	Social Security Number	Date of Birth	Relationship to Patient
Subscriber's Employer Name	Subscriber's Home Phone	Subscriber's Work Phone	

Martie Gravitt, MD
169 W. High Street
Mt. Gilead, OH 43338
Ph: (419) 751-7050
Fax: (740) 513-4628

Patient Name:
Date of Birth:
MRN:

Is This Visit Related Motor Vehicle Accident?
If "yes", please complete the below.

☐ **Motor Vehicle Accident (PIP) Insurance**

Personal Injury Protection Insurance (Third Party/Motor Vehicle)

Date of Injury:	Body Part Injured and Description:
Claim Number:	Adjuster/Claims Manager Name:
Adjuster Phone Number:	Insurance Name:
Insurance Address:	
City:	State/Zip:

☐ **Attorney Billing**

Attorney Information (Add'l Types/Special Physician Svcs)

Attorney Name:	Law Firm Name:
Billing Address:	
City:	State / Zip:
Fax:	Date of Injury:
Body Part Injured and Description:	