Kids First Pediatric Clinic, LLC
1673 10th St
West Linn, OR 97068
Phone: (503) 699-3313 **Fax**: (971) 229-4678
Website: www.kids1stclinic.com
email: westlinn@kids1stclinic.com

Patient(s) Update Information Form

Patient Name _____ Date of Birth _____ Gender _____
Patient Name _____ Date of Birth _____ Gender _____
Patient Name _____ Date of Birth _____ Gender _____
Patient Name _____ Date of Birth _____ Gender _____

Address _____ _____
Street City State Zip

GIVE BOTH PARENTS INFORMATION

Parent Name _____ Parent Name _____
Soc Sec # _____ Soc Sec # _____
Date of Birth _____ Date of Birth _____
Employer/ Occupation _____ Employer/ Occupation _____
Cell Phone _____ Cell Phone _____
Email Address _____ Email Address _____

Primary Insurance Information

Insurance Company _____ Insurance Effective Date _____
Subscriber Name _____ Insurance Identification _____
Subscriber Address _____ Guarantor Address: _____
Guarantor(if different from subscriber) _____

Secondary Insurance Information

Second Insurance Company: _____ Insurance Effective Date: _____
Subscriber Name: _____ Insurance Identification: _____
Subscriber Address: _____ Guarantor Address: _____
Guarantor Name (if Identification from subscriber): _____

Do you have Active or Pending OHP/ Medicaid coverage? ☐ Y ☐ N

I verify that this information is correct and up to date. I understand that I am responsible for the charges accrued by my child/children regardless of insurance benefits. If in using the information I have provided today or on previous occasions Kids First Pediatric Clinic is unable to collect from my child's insurance company, I accept full responsibility for the payment of child's bills.

Print Parent/Guarantor name: _____ Signature: _____ Today's Date: _____
Relationship to Patient _____