

**CHILDREN'S INFORMATION - PLEASE LIST ALL CHILDREN TO BE REGISTERED UNDER THIS ACCOUNT**

<b>Child's Legal Name</b> Last: _____ First: _____ Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity & Race ( <i>Meaningful Use Data</i> ) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: _____
<b>Child's Legal Name</b> Last: _____ First: _____ Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity & Race ( <i>Meaningful Use Data</i> ) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: _____
<b>Child's Legal Name</b> Last: _____ First: _____ Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity & Race ( <i>Meaningful Use Data</i> ) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: _____
<b>Child's Legal Name</b> Last: _____ First: _____ Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity & Race ( <i>Meaningful Use Data</i> ) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: _____

**PARENT/GUARDIAN INFORMATION**

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ Name: _____ DOB: _____ Email: _____	Address: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home Primary Phone #: _____
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ Name: _____ DOB: _____ Email: _____	Address: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home Primary Phone #: _____

**EMERGENCY CONTACTS**

*(LIST ADDITIONAL PERSONS WHO MAY BRING CHILDREN FOR APPOINTMENTS OR WHO WE ARE AUTHORIZED TO COMMUNICATE WITH FOR MEDICAL INFORMATION)*

Name: _____	Relationship to child: _____	Phone # - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Name: _____	Relationship to child: _____	Phone # - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Name: _____	Relationship to child: _____	Phone # - <input type="checkbox"/> Cell <input type="checkbox"/> Home

**INSURANCE INFORMATION - PLEASE GIVE YOUR INSURANCE CARD TO THE RECEPTIONIST**

INSURANCE: _____	Subscriber: _____	DOB: _____
INSURANCE: _____	Subscriber: _____	DOB: _____

**ASSIGNMENT OF INSURANCE BENEFITS/ CONSENT TO TREAT/ PRIVACY POLICY**

- ✓ I understand that I am financially responsible for all professional charges that my children may incur.
- ✓ All copayments and non-covered charges are due at time of service. All costs not paid by insurance are due upon receipt of statement.
- ✓ I hereby authorize payment of medical benefits direct to Advanced Pediatric Associates. I further authorize the release of any medical information necessary for processing the insurance claim. I understand that all costs not paid by insurance are my responsibility unless otherwise prohibited by state or federal regulations.
- ✓ Permission to Treat Minor (under age 18): In the event of an emergency and I cannot be contacted, I give my permission to Advanced Pediatrics to treat my child in their office as required by the events of that emergency situation.
- ✓ Acknowledgement of receipt of HIPAA Notice of Privacy Practices: I have received or have been given the opportunity to receive a copy of HIPAA Notice of Privacy Practices for Advanced Pediatric Associates.

\_\_\_\_\_  
Parent/Guardian Signature (Patient Signature if 18 or older)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date