

Preferred Pediatrics at Snowden, Inc.

PATIENT INFORMATION

Last Name	First Name	M.I.
Date of Birth	Social Security #	Gender
Address	Phone Number	
City	State	Zip
Emergency Contact Name – <i>Other than parent</i>	Emergency contact phone #	Relationship to child

PARENT/GUARANTOR INFORMATION

Father's last name	Father's first name	M.I.
Date of Birth	Social Security #	Marital Status
Address		
City	State	Zip
Father's employer	Father's Work Phone	Father's cell phone

Mother's last name	Mother's First Name	M.I.
Date of Birth	Social Security #	Marital Status
Address		
City	State	Zip
Mother's Employer	Mother's work phone	Mother's cell phone

How did you hear about us? Friend Ad Newspaper Internet Referral Other

INSURANCE INFORMATION

Primary Insurance	Subscriber's Name		
Policy ID Number	Group Number	Relationship to child	Subscriber Date of Birth
Insurance Address	Insurance Phone #	Insurance Effective Date	
Secondary Insurance	Subscriber's Name		
Policy ID Number	Group Number	Relationship to child	Subscriber Date of Birth
Insurance Address	Insurance Phone #	Insurance Effective Date	

I hereby certify that the above information is correct. I authorize my insurance benefits to be paid to the provider and acknowledge that I am financially responsible for any unpaid balance. I also authorize the release of any information required. I further authorize service charges if the bill is not paid after 30 days. I agree to pay collection fees in the amount of 33% of my account balance or a minimum of \$50.00

Signature: _____ Date: _____