

TOWN AND COUNTRY PEDIATRICS PATIENT REGISTRATION FORM

THIS FORM MUST BE COMPLETED AND SIGNED FOR REGULATORY AND QUALITY ASSURANCE COMPLIANCE

DATE: _____

Patient Information:

Patient _____ Sex M / F D.O.B. _____

Sibling _____ Sex M / F D.O.B. _____

Sibling _____ Sex M / F D.O.B. _____

Parent/Guardian _____ D.O.B. _____ SS# _____

Address _____ Home Phone _____

City/State/Zip _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Parent/Guardian _____ D.O.B. _____ SS# _____

Address _____ Home Phone _____

City/State/Zip _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Emergency Contact Person (other than parent): _____ Relationship _____ Phone: _____

Children Reside with: _____

Party Responsible for Payment of Medical Services: _____

Insurance Information:

1. Primary _____ Policy Holder _____ Effective Date _____

Policy # _____ Group # _____

Claims Address _____

2. Secondary _____ Policy Holder _____ Effective Date _____

Policy # _____ Group # _____

Claims Address _____

Authorization of Treatment, Release of Information, Assignment of Benefits:

I authorize the providers at Town & Country Pediatrics to treat my child. I further authorize the release of medical information necessary for the completion of insurance forms. I have checked with my insurance company and have verified that Town & Country Pediatrics is listed as a contracted provider for my child. I authorize payment directly to Town & Country for all medical benefits otherwise payable to me under the terms of my insurance. A photocopy of this authorization shall be considered as effective and valid as the original. Medical care or immunizations cannot be given without signing one of the following:

Parent/Guardian Signature _____ Relationship _____ Date _____

* I prefer to do my own insurance filing. Signed _____ Date _____

Please drop this off at your child's Town and Country Pediatrics location or fax to:

Halsted office: 312-981-6312 or email officehalsted@townandcountrypeds.com

Glenview office: 847-998-8807 or email at officeglen@townandcountrypeds.com

Lincoln office: 773-478-4916 or email at officelinc@townandcountrypeds.com